

Form **1040** Department of the Treasury—Internal Revenue Service **2022** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

**Filing Status** ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

|                                                                                                     |                             |                                               |
|-----------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------|
| Your first name and middle initial<br><b>Xavier</b>                                                 | Last name<br><b>Becerra</b> | Your social security number<br>[REDACTED]     |
| If joint return, spouse's first name and middle initial<br><b>Carolyn</b>                           | Last name<br><b>Reyes</b>   | Spouse's social security number<br>[REDACTED] |
| Home address (number and street). If you have a P.O. box, see instructions.<br>[REDACTED]           |                             | Apt. no.<br>[REDACTED]                        |
| City, town or post office. If you have a foreign address, also complete spaces below.<br>[REDACTED] |                             | State<br>[REDACTED]                           |
| Foreign country name<br>[REDACTED]                                                                  |                             | Foreign province/state/country<br>[REDACTED]  |
| ZIP code<br>[REDACTED]                                                                              |                             | Foreign postal code<br>[REDACTED]             |

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☒ You ☐ Spouse

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

**Standard Deduction** Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

**Dependents** (see instructions):

| (1) First name | Last name  | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |                                     |
|----------------|------------|----------------------------|-------------------------|--------------------------------------------------------|-------------------------------------|
|                |            |                            |                         | Child tax credit                                       | Credit for other dependents         |
| [REDACTED]     | [REDACTED] | [REDACTED]                 | [REDACTED]              |                                                        | <input checked="" type="checkbox"/> |
| [REDACTED]     | [REDACTED] | [REDACTED]                 | [REDACTED]              |                                                        |                                     |
| [REDACTED]     | [REDACTED] | [REDACTED]                 | [REDACTED]              |                                                        |                                     |

|                                                                                        |                                                                                                         |           |                |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>Income</b>                                                                          | <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)                                       | <b>1a</b> | <b>374,404</b> |
| <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b> | <b>b</b> Household employee wages not reported on Form(s) W-2                                           | <b>1b</b> |                |
| <b>If you did not get a Form W-2, see instructions.</b>                                | <b>c</b> Tip income not reported on line 1a (see instructions)                                          | <b>1c</b> |                |
|                                                                                        | <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                        | <b>1d</b> |                |
|                                                                                        | <b>e</b> Taxable dependent care benefits from Form 2441, line 26                                        | <b>1e</b> |                |
|                                                                                        | <b>f</b> Employer-provided adoption benefits from Form 8839, line 29                                    | <b>1f</b> |                |
|                                                                                        | <b>g</b> Wages from Form 8919, line 6                                                                   | <b>1g</b> |                |
|                                                                                        | <b>h</b> Other earned income (see instructions)                                                         | <b>1h</b> |                |
|                                                                                        | <b>i</b> Nontaxable combat pay election (see instructions)                                              | <b>1i</b> |                |
|                                                                                        | <b>z</b> Add lines 1a through 1h                                                                        | <b>1z</b> | <b>374,404</b> |
| <b>Attach Sch. B2a if required.</b>                                                    | <b>2a</b> Tax-exempt interest                                                                           | <b>2a</b> |                |
|                                                                                        | <b>3a</b> Qualified dividends                                                                           | <b>3a</b> | <b>1,648</b>   |
|                                                                                        | <b>4a</b> IRA distributions                                                                             | <b>4a</b> |                |
|                                                                                        | <b>5a</b> Pensions and annuities                                                                        | <b>5a</b> |                |
|                                                                                        | <b>6a</b> Soc. sec. ben.                                                                                | <b>6a</b> |                |
|                                                                                        | <b>b</b> Taxable interest                                                                               | <b>2b</b> | <b>204</b>     |
|                                                                                        | <b>b</b> Ordinary dividends                                                                             | <b>3b</b> | <b>4,301</b>   |
|                                                                                        | <b>b</b> Taxable amount                                                                                 | <b>4b</b> |                |
|                                                                                        | <b>b</b> Taxable amount                                                                                 | <b>5b</b> |                |
|                                                                                        | <b>b</b> Taxable amount                                                                                 | <b>6b</b> |                |
|                                                                                        | <b>c</b> If you elect to use the lump-sum election method, check here (see instructions)                |           |                |
|                                                                                        | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here             | <b>7</b>  | <b>-3,000</b>  |
|                                                                                        | <b>8</b> Other income from Schedule 1, line 10                                                          | <b>8</b>  | <b>113,285</b> |
|                                                                                        | <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                   | <b>9</b>  | <b>489,194</b> |
|                                                                                        | <b>10</b> Adjustments to income from Schedule 1, line 26                                                | <b>10</b> | <b>869</b>     |
|                                                                                        | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       | <b>11</b> | <b>488,325</b> |
|                                                                                        | <b>12</b> Standard deduction or itemized deductions (from Schedule A)                                   | <b>12</b> | <b>25,900</b>  |
|                                                                                        | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A                             | <b>13</b> |                |
|                                                                                        | <b>14</b> Add lines 12 and 13                                                                           | <b>14</b> | <b>25,900</b>  |
|                                                                                        | <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> | <b>15</b> | <b>462,425</b> |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022) **Xavier Becerra & Carolyn Reyes**Page **2****Tax and Credits**

|    |                                                                                                                    |    |         |
|----|--------------------------------------------------------------------------------------------------------------------|----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 | 16 | 109,025 |
| 3  | <input type="checkbox"/>                                                                                           | 17 |         |
| 17 | Amount from Schedule 2, line 3                                                                                     | 18 | 109,025 |
| 18 | Add lines 16 and 17                                                                                                | 19 |         |
| 19 | Child tax credit or credit for other dependents from Schedule 8812                                                 | 20 | 18      |
| 20 | Amount from Schedule 3, line 8                                                                                     | 21 | 18      |
| 21 | Add lines 19 and 20                                                                                                | 22 | 109,007 |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0-                                                          | 23 | 6,077   |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21                                               | 24 | 115,084 |
| 24 | Add lines 22 and 23. This is your total tax                                                                        |    |         |

**Payments**

|    |                                                                                         |     |         |
|----|-----------------------------------------------------------------------------------------|-----|---------|
| 25 | Federal income tax withheld from:                                                       |     |         |
| a  | Form(s) W-2                                                                             | 25a | 62,532  |
| b  | Form(s) 1099                                                                            | 25b |         |
| c  | Other forms (see instructions)                                                          | 25c | 469     |
| d  | Add lines 25a through 25c                                                               | 25d | 63,001  |
| 26 | 2022 estimated tax payments and amount applied from 2021 return                         | 26  | 47,100  |
| 27 | Earned income credit (EIC)                                                              | 27  |         |
| 28 | Additional child tax credit from Schedule 8812                                          | 28  |         |
| 29 | American opportunity credit from Form 8863, line 8                                      | 29  |         |
| 30 | Reserved for future use                                                                 | 30  |         |
| 31 | Amount from Schedule 3, line 15                                                         | 31  | 5,085   |
| 32 | Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits | 32  | 5,085   |
| 33 | Add lines 25d, 26, and 32. These are your total payments                                | 33  | 115,186 |

**Refund**

|     |                                                                                                           |     |                                                                          |
|-----|-----------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid           | 34  | 102                                                                      |
| 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 35a |                                                                          |
| b   | Routing number                                                                                            | c   | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d   | Account number                                                                                            |     |                                                                          |
| 36  | Amount of line 34 you want applied to your 2023 estimated tax                                             | 36  |                                                                          |

**Amount You Owe**

|    |                                                                                                                     |    |     |
|----|---------------------------------------------------------------------------------------------------------------------|----|-----|
| 37 | Subtract line 33 from line 24. This is the amount you owe.                                                          | 37 | 254 |
|    | For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions |    |     |
| 38 | Estimated tax penalty (see instructions)                                                                            | 38 | 356 |

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ Yes. Complete below. ☐ No

Designee's name Robert J. Herrera, EA Phone no. [REDACTED] Personal identification number (PIN) [REDACTED]

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                                                        |      |                         |                                                                                    |
|--------------------------------------------------------|------|-------------------------|------------------------------------------------------------------------------------|
| Your signature                                         | Date | Your occupation         | If the IRS sent you an Identity Protection PIN, enter it here (see instr.)         |
| <u>[REDACTED]</u>                                      |      | <u>US HHS Secretary</u> |                                                                                    |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation     | If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.) |
|                                                        |      | <u>Physician</u>        |                                                                                    |

Phone no. [REDACTED] Email address [REDACTED]

**Paid**

|                              |                              |                 |                   |                                                  |
|------------------------------|------------------------------|-----------------|-------------------|--------------------------------------------------|
| Preparer's name              | Preparer's signature         | Date            | PTIN              | Check if: <input type="checkbox"/> Self-employed |
| <u>Robert J. Herrera, EA</u> | <u>Robert J. Herrera, EA</u> | <u>09/10/23</u> | <u>[REDACTED]</u> |                                                  |
| Firm's name                  | Firm's EIN                   |                 |                   |                                                  |
| <u>[REDACTED]</u>            | <u>[REDACTED]</u>            |                 |                   |                                                  |
| Firm's address               | Firm's EIN                   |                 |                   |                                                  |
| <u>[REDACTED]</u>            | <u>[REDACTED]</u>            |                 |                   |                                                  |

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.Form **1040** (2022)

**SCHEDULE 1**  
**(Form 1040)****Additional Income and Adjustments to Income**Department of the Treasury  
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

**Xavier Becerra & Carolyn Reyes**

Your social security number

**Part I Additional Income**

|           |                                                                                                                                           |           |         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes                                                                      | <b>1</b>  |         |
| <b>2a</b> | Alimony received                                                                                                                          | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions):                                                                      |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C                                                                                              | <b>3</b>  | 64,863  |
| <b>4</b>  | Other gains or (losses). Attach Form 4797                                                                                                 | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                               | <b>5</b>  | 48,422  |
| <b>6</b>  | Farm income or (loss). Attach Schedule F                                                                                                  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation                                                                                                                 | <b>7</b>  |         |
| <b>8</b>  | Other income:                                                                                                                             |           |         |
| <b>a</b>  | Net operating loss                                                                                                                        | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling                                                                                                                                  | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt                                                                                                                      | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555                                                                                            | <b>8d</b> | ( )     |
| <b>e</b>  | Income from Form 8853                                                                                                                     | <b>8e</b> |         |
| <b>f</b>  | Income from Form 8889                                                                                                                     | <b>8f</b> |         |
| <b>g</b>  | Alaska Permanent Fund dividends                                                                                                           | <b>8g</b> |         |
| <b>h</b>  | Jury duty pay                                                                                                                             | <b>8h</b> |         |
| <b>i</b>  | Prizes and awards                                                                                                                         | <b>8i</b> |         |
| <b>j</b>  | Activity not engaged in for profit income                                                                                                 | <b>8j</b> |         |
| <b>k</b>  | Stock options                                                                                                                             | <b>8k</b> |         |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | <b>8l</b> |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions)                                                                     | <b>8m</b> |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions)                                                                                               | <b>8n</b> |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions)                                                                                              | <b>8o</b> |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment                                                                                            | <b>8p</b> |         |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions)                                                                             | <b>8q</b> |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2                                                                                | <b>8r</b> |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d                                                        | <b>8s</b> | ( )     |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan                                   | <b>8t</b> |         |
| <b>u</b>  | Wages earned while incarcerated                                                                                                           | <b>8u</b> |         |
| <b>z</b>  | Other income. List type and amount:                                                                                                       | <b>8z</b> |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z                                                                                               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8                                                 | <b>10</b> | 113,285 |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |                                                                                                                                                            |            |     |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>11</b>  | Educator expenses                                                                                                                                          | <b>11</b>  |     |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106                                          | <b>12</b>  |     |
| <b>13</b>  | Health savings account deduction. Attach Form 8889                                                                                                         | <b>13</b>  |     |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903                                                                                          | <b>14</b>  |     |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE                                                                                                 | <b>15</b>  | 869 |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans                                                                                                             | <b>16</b>  |     |
| <b>17</b>  | Self-employed health insurance deduction                                                                                                                   | <b>17</b>  |     |
| <b>18</b>  | Penalty on early withdrawal of savings                                                                                                                     | <b>18</b>  |     |
| <b>19a</b> | Alimony paid                                                                                                                                               | <b>19a</b> |     |
| <b>b</b>   | Recipient's SSN                                                                                                                                            |            |     |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions):                                                                                       |            |     |
| <b>20</b>  | IRA deduction                                                                                                                                              | <b>20</b>  |     |
| <b>21</b>  | Student loan interest deduction                                                                                                                            | <b>21</b>  |     |
| <b>22</b>  | Reserved for future use                                                                                                                                    | <b>22</b>  |     |
| <b>23</b>  | Archer MSA deduction                                                                                                                                       | <b>23</b>  |     |
| <b>24</b>  | Other adjustments:                                                                                                                                         |            |     |
| <b>a</b>   | Jury duty pay (see instructions)                                                                                                                           | <b>24a</b> |     |
| <b>b</b>   | Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit                                       | <b>24b</b> |     |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m                                                   | <b>24c</b> |     |
| <b>d</b>   | Reforestation amortization and expenses                                                                                                                    | <b>24d</b> |     |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974                                                                                | <b>24e</b> |     |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans                                                                                                       | <b>24f</b> |     |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans                                                                                                 | <b>24g</b> |     |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)                                              | <b>24h</b> |     |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | <b>24i</b> |     |
| <b>j</b>   | Housing deduction from Form 2555                                                                                                                           | <b>24j</b> |     |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)                                                                                  | <b>24k</b> |     |
| <b>z</b>   | Other adjustments. List type and amount:                                                                                                                   | <b>24z</b> |     |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z                                                                                                         | <b>25</b>  |     |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a           | <b>26</b>  | 869 |

**SCHEDULE 2**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Xavier Becerra &amp; Carolyn Reyes

Your social security number

**Part I Tax**

|   |                                                                              |   |  |
|---|------------------------------------------------------------------------------|---|--|
| 1 | Alternative minimum tax. Attach Form 6251                                    | 1 |  |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962                | 2 |  |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 |  |

**Part II Other Taxes**

|    |                                                                                                                                             |    |       |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 4  | Self-employment tax. Attach Schedule SE                                                                                                     | 4  | 1,737 |
| 5  | Social security and Medicare tax on unreported tip income.<br>Attach Form 4137                                                              | 5  |       |
| 6  | Uncollected social security and Medicare tax on wages. Attach<br>Form 8919                                                                  | 6  |       |
| 7  | Total additional social security and Medicare tax. Add lines 5 and 6                                                                        | 7  |       |
| 8  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.<br>If not required, check here <input type="checkbox"/> | 8  |       |
| 9  | Household employment taxes. Attach Schedule H                                                                                               | 9  |       |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required                                                                      | 10 |       |
| 11 | Additional Medicare Tax. Attach Form 8959                                                                                                   | 11 | 2,443 |
| 12 | Net investment income tax. Attach Form 8960                                                                                                 | 12 | 1,897 |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life<br>insurance from Form W-2, box 12                          | 13 |       |
| 14 | Interest on tax due on installment income from the sale of certain residential lots<br>and timeshares                                       | 14 |       |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price<br>over \$150,000                                    | 15 |       |
| 16 | Recapture of low-income housing credit. Attach Form 8611                                                                                    | 16 |       |

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2022

**Part II Other Taxes (continued)**

|                                                                                                                                                           |            |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|
| <b>17</b> Other additional taxes:                                                                                                                         |            |                 |
| a Recapture of other credits. List type, form number, and amount:                                                                                         | <b>17a</b> |                 |
| b Recapture of federal mortgage subsidy, if you sold your home see Instructions                                                                           | <b>17b</b> |                 |
| c Additional tax on HSA distributions. Attach Form 8889                                                                                                   | <b>17c</b> |                 |
| d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889                                                             | <b>17d</b> |                 |
| e Additional tax on Archer MSA distributions. Attach Form 8853                                                                                            | <b>17e</b> |                 |
| f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853                                                                                | <b>17f</b> |                 |
| g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property                                         | <b>17g</b> |                 |
| h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A                                  | <b>17h</b> |                 |
| i Compensation you received from a nonqualified deferred compensation plan described in section 457A                                                      | <b>17i</b> |                 |
| j Section 72(m)(5) excess benefits tax                                                                                                                    | <b>17j</b> |                 |
| k Golden parachute payments                                                                                                                               | <b>17k</b> |                 |
| l Tax on accumulation distribution of trusts                                                                                                              | <b>17l</b> |                 |
| m Excise tax on insider stock compensation from an expatriated corporation                                                                                | <b>17m</b> |                 |
| n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866                                                                                | <b>17n</b> |                 |
| o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR                                         | <b>17o</b> |                 |
| p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund                                | <b>17p</b> |                 |
| q Any interest from Form 8621, line 24                                                                                                                    | <b>17q</b> |                 |
| z Any other taxes. List type and amount:                                                                                                                  | <b>17z</b> |                 |
| <b>18</b> Total additional taxes. Add lines 17a through 17z                                                                                               |            | <b>18</b>       |
| <b>19</b> Reserved for future use                                                                                                                         |            | <b>19</b>       |
| <b>20</b> Section 965 net tax liability installment from Form 965-A                                                                                       | <b>20</b>  |                 |
| <b>21</b> Add lines 4, 7 through 16, and 18. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b |            | <b>21</b> 6,077 |

**SCHEDULE 3**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Xavier Becerra &amp; Carolyn Reyes

Your social security number

**Part I Nonrefundable Credits**

|   |                                                                                        |    |    |
|---|----------------------------------------------------------------------------------------|----|----|
| 1 | Foreign tax credit. Attach Form 1116 if required                                       | 1  | 18 |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2  |    |
| 3 | Education credits from Form 8863, line 19                                              | 3  |    |
| 4 | Retirement savings contributions credit. Attach Form 8880                              | 4  |    |
| 5 | Residential energy credits. Attach Form 5695                                           | 5  |    |
| 6 | Other nonrefundable credits:                                                           |    |    |
| a | General business credit. Attach Form 3800                                              | 6a |    |
| b | Credit for prior year minimum tax. Attach Form 8801                                    | 6b |    |
| c | Adoption credit. Attach Form 8839                                                      | 6c |    |
| d | Credit for the elderly or disabled. Attach Schedule R                                  | 6d |    |
| e | Alternative motor vehicle credit. Attach Form 8910                                     | 6e |    |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936                               | 6f |    |
| g | Mortgage interest credit. Attach Form 8396                                             | 6g |    |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859                     | 6h |    |
| i | Qualified electric vehicle credit. Attach Form 8834                                    | 6i |    |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911                   | 6j |    |
| k | Credit to holders of tax credit bonds. Attach Form 8912                                | 6k |    |
| l | Amount on Form 8978, line 14. See instructions                                         | 6l |    |
| z | Other nonrefundable credits. List type and amount:                                     | 6z |    |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z                             | 7  |    |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8  | 18 |

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2022

Xavier Becerra &amp; Carolyn Reyes

Schedule 3 (Form 1040) 2022

Page 2

**Part II Other Payments and Refundable Credits**

|           |                                                                                                                                                   |            |       |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| <b>9</b>  | Net premium tax credit. Attach Form 8962                                                                                                          | <b>9</b>   |       |
| <b>10</b> | Amount paid with request for extension to file (see instructions)                                                                                 | <b>10</b>  | 4,500 |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld                                                                                               | <b>11</b>  | 585   |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136                                                                                                 | <b>12</b>  |       |
| <b>13</b> | Other payments or refundable credits:                                                                                                             |            |       |
| <b>a</b>  | Form 2439                                                                                                                                         | <b>13a</b> |       |
| <b>b</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021                             | <b>13b</b> |       |
| <b>c</b>  | Reserved for future use                                                                                                                           | <b>13c</b> |       |
| <b>d</b>  | Credit for repayment of amounts included in income from earlier years                                                                             | <b>13d</b> |       |
| <b>e</b>  | Reserved for future use                                                                                                                           | <b>13e</b> |       |
| <b>f</b>  | Deferred amount of net 965 tax liability (see instructions)                                                                                       | <b>13f</b> |       |
| <b>g</b>  | Reserved for future use                                                                                                                           | <b>13g</b> |       |
| <b>h</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 | <b>13h</b> |       |
| <b>z</b>  | Other payments or refundable credits. List type and amount:                                                                                       | <b>13z</b> |       |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z                                                                             | <b>14</b>  |       |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31                                                          | <b>15</b>  | 5,085 |

Schedule 3 (Form 1040) 2022



**SCHEDULE A**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Itemized Deductions**Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Xavier Becerra &amp; Carolyn Reyes

Your social security number

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                  |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b>Medical and Dental Expenses</b> | <b>Caution:</b> Do not include expenses reimbursed or paid by others.<br><b>1</b> Medical and dental expenses (see instructions) .....<br><b>2</b> Enter amount from Form 1040 or 1040-SR, line 11 ..... <b>2</b> .....<br><b>3</b> Multiply line 2 by 7.5% (0.075) .....<br><b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1</b> .....<br><b>2</b> .....<br><b>3</b> .....<br><b>4</b> .....                                                              | <b>4</b> .....   |
| <b>Taxes You Paid</b>              | <b>5</b> State and local taxes.<br><b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/><br><b>b</b> State and local real estate taxes (see instructions) .....<br><b>c</b> State and local personal property taxes .....<br><b>d</b> Add lines 5a through 5c .....<br><b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) .....<br><b>6</b> Other taxes. List type and amount: .....<br><b>7</b> Add lines 5e and 6 .....                                                                                                                                                                                                                                                                                   | <b>5a</b> 42,722<br><b>5b</b> 25,256<br><b>5c</b> 401<br><b>5d</b> 68,379<br><b>5e</b> 10,000<br><b>6</b> .....<br><b>7</b> ..... | <b>7</b> 10,000  |
| <b>Interest You Paid</b>           | <b>Caution:</b> Your mortgage interest deduction may be limited. See instructions.<br><b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/><br><b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited .....<br><b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address .....<br><b>c</b> Points not reported to you on Form 1098. See instructions for special rules .....<br><b>d</b> Reserved for future use .....<br><b>e</b> Add lines 8a through 8c .....<br><b>9</b> Investment interest. Attach Form 4952 if required. See instructions .....<br><b>10</b> Add lines 8e and 9 ..... | <b>8a</b> .....<br><b>8b</b> .....<br><b>8c</b> .....<br><b>8d</b> .....<br><b>8e</b> .....<br><b>9</b> 334<br><b>10</b> .....    | <b>10</b> 334    |
| <b>Gifts to Charity</b>            | <b>Caution:</b> If you made a gift and got a benefit for it, see instructions.<br><b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....<br><b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .....<br><b>13</b> Carryover from prior year .....<br><b>14</b> Add lines 11 through 13 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>11</b> 14,500<br><b>12</b> .....<br><b>13</b> .....<br><b>14</b> .....                                                         | <b>14</b> 14,500 |
| <b>Casualty and Theft Losses</b>   | <b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>15</b> .....                                                                                                                   | <b>15</b> .....  |
| <b>Other Itemized Deductions</b>   | <b>16</b> Other—from list in instructions. List type and amount: .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>16</b> .....                                                                                                                   | <b>16</b> .....  |
| <b>Total Itemized Deductions</b>   | <b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 .....<br><b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>17</b> 24,834<br><b>18</b> .....                                                                                               | <b>17</b> 24,834 |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

DAA

Schedule A (Form 1040) 2022

**SCHEDULE B**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
Attach to Form 1040 or 1040-SR.

91337 09/10/2023 10:40 AM

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **08**

Name(s) shown on return

Xavier Becerra & Carolyn Reyes

Your social security number

**Part I**

**Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address

Charles Schwab

Congressional FCU

Congressional FCU

Congressional FCU

Amount

14

59

62

69

1

- 2 Add the amounts on line 1

2

204

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

4

204

**Note:** If line 4 is over \$1,500, you must complete Part III.

Amount

**Part II**

**Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5 List name of payer:

Charles Schwab

5

4,301

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

6

4,301

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

**Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**7a**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial

Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located:

- 8 During 2022 did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes No

X

X

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

91337 09/10/2023 10:40 AM

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **09**

Name of proprietor

Carolyn Reyes

Social security number (SSN)

B Enter code from instructions  
621399

A Principal business or profession, including product or service (see instructions)  
Director Services

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2022, check here

I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☒ No

**Part I Income**

|   |                                                                                                                                                                                 |                          |   |        |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---|--------|
| 1 | Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked | <input type="checkbox"/> | 1 | 71,250 |
| 2 | Returns and allowances                                                                                                                                                          |                          | 2 |        |
| 3 | Subtract line 2 from line 1                                                                                                                                                     |                          | 3 | 71,250 |
| 4 | Cost of goods sold (from line 42)                                                                                                                                               |                          | 4 |        |
| 5 | Gross profit. Subtract line 4 from line 3                                                                                                                                       |                          | 5 | 71,250 |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)                                                                              |                          | 6 |        |
| 7 | Gross income. Add lines 5 and 6                                                                                                                                                 |                          | 7 | 71,250 |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|    |                                                                                                                                                                                                                                                                                                                                                                                                                  |     |        |     |                                                          |     |       |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|-----|----------------------------------------------------------|-----|-------|
| 8  | Advertising                                                                                                                                                                                                                                                                                                                                                                                                      | 8   |        | 18  | Office expense (see instructions)                        | 18  |       |
| 9  | Car and truck expenses (see instructions)                                                                                                                                                                                                                                                                                                                                                                        | 9   |        | 19  | Pension and profit-sharing plans                         | 19  |       |
| 10 | Commissions and fees                                                                                                                                                                                                                                                                                                                                                                                             | 10  |        | 20  | Rent or lease (see instructions):                        |     |       |
| 11 | Contract labor (see instructions)                                                                                                                                                                                                                                                                                                                                                                                | 11  |        | a   | Vehicles, machinery, and equipment                       | 20a |       |
| 12 | Depreciation                                                                                                                                                                                                                                                                                                                                                                                                     | 12  |        | b   | Other business property                                  | 20b |       |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions)                                                                                                                                                                                                                                                                                                                     | 13  |        | 21  | Repairs and maintenance                                  | 21  |       |
| 14 | Employee benefit programs (other than on line 19)                                                                                                                                                                                                                                                                                                                                                                | 14  |        | 22  | Supplies (not included in Part III)                      | 22  |       |
| 15 | Insurance (other than health)                                                                                                                                                                                                                                                                                                                                                                                    | 15  |        | 23  | Taxes and licenses                                       | 23  |       |
| 16 | Interest (see instructions):                                                                                                                                                                                                                                                                                                                                                                                     |     |        | 24  | Travel and meals:                                        |     |       |
| a  | Mortgage (paid to banks, etc.)                                                                                                                                                                                                                                                                                                                                                                                   | 16a |        | a   | Travel                                                   | 24a | 5,967 |
| b  | Other                                                                                                                                                                                                                                                                                                                                                                                                            | 16b |        | b   | Deductible meals (see instructions)                      | 24b |       |
| 17 | Legal and professional services                                                                                                                                                                                                                                                                                                                                                                                  | 17  |        | 25  | Utilities                                                | 25  |       |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                  |     |        | 26  | Wages (less employment credits)                          | 26  |       |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                  |     |        | 27a | Other expenses (from line 48)                            | 27a | 420   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                  |     |        | b   | Reserved for future use                                  | 27b |       |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a                                                                                                                                                                                                                                                                                                                                 | 28  | 6,387  |     |                                                          |     |       |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7                                                                                                                                                                                                                                                                                                                                                         | 29  | 64,863 |     |                                                          |     |       |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br>Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30         | 30  |        |     |                                                          |     |       |
| 31 | Net profit or (loss). Subtract line 30 from line 29.<br>• If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3.<br>• If a loss, you must go to line 32.                                                                                                                   | 31  | 64,863 |     |                                                          |     |       |
| 32 | If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3.<br>• If you checked 32b, you must attach Form 6198. Your loss may be limited. |     |        | 32a | <input type="checkbox"/> All investment is at risk.      |     |       |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                  |     |        | 32b | <input type="checkbox"/> Some investment is not at risk. |     |       |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2022



**SCHEDULE D**  
**(Form 1040)****Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

**2022**Attachment  
Sequence No. **12**

Name(s) shown on return

Xavier Becerra &amp; Carolyn Reyes

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|                                                                                                                                                                                                                                                                                                       | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).<br>However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                                    | 14,522                           | 17,919                          | 0                                                                                         | -3,397                                                                                                    |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                                     |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                                     |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                                                                       |                                  |                                 |                                                                                           | 4                                                                                                         |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                                          |                                  |                                 |                                                                                           | 5                                                                                                         |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                                       |                                  |                                 |                                                                                           | 6 ( )                                                                                                     |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .                                                                              |                                  |                                 |                                                                                           | 7 -3,397                                                                                                  |

**Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|                                                                                                                                                                                                                                                                                                      | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).<br>However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . . |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                                   | 53,973                           | 60,673                          | 0                                                                                          | -6,700                                                                                                    |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                                    |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                                   |                                  |                                 |                                                                                            |                                                                                                           |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                               |                                  |                                 |                                                                                            | 11                                                                                                        |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                                         |                                  |                                 |                                                                                            | 12                                                                                                        |
| <b>13</b> Capital gain distributions. See the instructions . . . . .                                                                                                                                                                                                                                 |                                  |                                 |                                                                                            | 13 5,985                                                                                                  |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                                     |                                  |                                 |                                                                                            | 14 ( )                                                                                                    |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .                                                                                                                                                          |                                  |                                 |                                                                                            | 15 -715                                                                                                   |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2022

Xavier Becerra &amp; Carolyn Reyes

Schedule D (Form 1040) 2022

Page **2****Part III Summary**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>16</b> Combine lines 7 and 15 and enter the result .....<br><br>• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.<br>• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.<br>• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then go to line 22. | <b>16</b> | -4,112  |
| <b>17</b> Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.                                                                                                                                                                                                                                                                                  |           |         |
| <b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....                                                                                                                                                                                                                                                                                                               | <b>18</b> |         |
| <b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet .....                                                                                                                                                                                                                                                                                             | <b>19</b> |         |
| <b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                         |           |         |
| <b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><br>• The loss on line 16; or<br>• (\$3,000), or if married filing separately, (\$1,500)                                                                                                                                                                                                                                                                 | <b>21</b> | (3,000) |
| <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.                                                                                                                                                                                                                                                                                                                                                                                  |           |         |
| <b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or Form 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.                                                                                                         |           |         |

Schedule D (Form 1040) 2022

Form **8949****Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

**2022**Attachment  
Sequence No. **12A**

Name(s) shown on return

Xavier Becerra &amp; Carolyn Reyes

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  
☐ (C) Short-term transactions not reported to you on Form 1099-B

| (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)                                                                                                                                                                                                         | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the Note below<br>and see Column (g)<br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                | (h)<br>Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            | (f)<br>Code(s) from<br>instructions                                                                                                            | (g)<br>Amount of<br>adjustment |                                                                                                               |
| 11.000 sh AMT                                                                                                                                                                                                                                                        | AMERN Tower Corp<br>01/14/22            | 03/30/22                                              | 2,734                                                  | 2,752                                                                                                      |                                                                                                                                                |                                | -18                                                                                                           |
| 113.000 sh CSIX                                                                                                                                                                                                                                                      | Calvert Equity A<br>02/17/22            | 12/14/22                                              | 8,000                                                  | 8,167                                                                                                      |                                                                                                                                                |                                | -167                                                                                                          |
| 70.000 sh MSEG                                                                                                                                                                                                                                                       | Morgan Stanley Inst Growth A<br>Various | 02/16/22                                              | 3,788                                                  | 7,000                                                                                                      |                                                                                                                                                |                                | -3,212                                                                                                        |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                      |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) |                                         |                                                       | 14,522                                                 | 17,919                                                                                                     |                                                                                                                                                | 0                              | -3,397                                                                                                        |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**For Paperwork Reduction Act Notice, see your tax return instructions.**

Form **8949** (2022)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

Xavier Becerra & Carolyn Reyes

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

| 1 | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)                                                                                                                                                                                                        | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the Note below<br>and see Column (e)<br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                | (h)<br>Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------|
|   |                                                                                                                                                                                                                                                                     |                                         |                                                       |                                                        |                                                                                                            | (f)<br>Code(s) from<br>instructions                                                                                                            | (g)<br>Amount of<br>adjustment |                                                                                                               |
|   | 56.000 sh CWGFX American Funds Cap World                                                                                                                                                                                                                            | 08/09/21                                | 12/14/22                                              | 3,000                                                  | 3,696                                                                                                      |                                                                                                                                                |                                | -696                                                                                                          |
|   | 58.000 sh NPFFX American Funds New Perspective                                                                                                                                                                                                                      | 08/09/21                                | 12/14/22                                              | 3,000                                                  | 4,014                                                                                                      |                                                                                                                                                |                                | -1,014                                                                                                        |
|   | 184.000 sh WSHFX American Funds Washington                                                                                                                                                                                                                          | 10/29/20                                | 12/14/22                                              | 10,000                                                 | 8,194                                                                                                      |                                                                                                                                                |                                | 1,806                                                                                                         |
|   | 26.000 sh IYR IShares US Real Estate ETF                                                                                                                                                                                                                            | 10/29/20                                | 01/14/22                                              | 2,830                                                  | 2,023                                                                                                      |                                                                                                                                                |                                | 807                                                                                                           |
|   | 100.000 sh IYR IShares US Real Estate ETF                                                                                                                                                                                                                           | 10/29/20                                | 12/14/22                                              | 8,830                                                  | 7,782                                                                                                      |                                                                                                                                                |                                | 1,048                                                                                                         |
|   | 354.000 sh OIEIX JPMorgan Equity Income A                                                                                                                                                                                                                           | 10/29/20                                | 12/14/22                                              | 8,000                                                  | 5,986                                                                                                      |                                                                                                                                                |                                | 2,014                                                                                                         |
|   | 312.000 sh MSEGX Morgan Stanley Inst Growth A                                                                                                                                                                                                                       | 01/27/21                                | 02/16/22                                              | 16,813                                                 | 26,635                                                                                                     |                                                                                                                                                |                                | -9,822                                                                                                        |
|   | 31.000 sh TRGLX T Rowe Price Global Stock I                                                                                                                                                                                                                         | 08/09/21                                | 12/14/22                                              | 1,500                                                  | 2,343                                                                                                      |                                                                                                                                                |                                | -843                                                                                                          |
|   |                                                                                                                                                                                                                                                                     |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|   |                                                                                                                                                                                                                                                                     |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|   |                                                                                                                                                                                                                                                                     |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|   |                                                                                                                                                                                                                                                                     |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|   |                                                                                                                                                                                                                                                                     |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|   |                                                                                                                                                                                                                                                                     |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|   |                                                                                                                                                                                                                                                                     |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
|   |                                                                                                                                                                                                                                                                     |                                         |                                                       |                                                        |                                                                                                            |                                                                                                                                                |                                |                                                                                                               |
| 2 | <b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) |                                         |                                                       | 53,973                                                 | 60,673                                                                                                     |                                                                                                                                                | 0                              | -6,700                                                                                                        |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



# SCHEDULE E

(Form 1040)

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

## Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

91337 09/10/2023 10:40 AM

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **13**

Your social security number

Xavier Becerra & Carolyn Reyes

### Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

|                                                                                                          |     |                                        |
|----------------------------------------------------------------------------------------------------------|-----|----------------------------------------|
| <b>A</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions | Yes | <input checked="" type="checkbox"/> No |
| <b>B</b> If "Yes," did you or will you file required Form(s) 1099?                                       | Yes | No                                     |

**1a** Physical address of each property (street, city, state, ZIP code)

|          |  |
|----------|--|
| <b>A</b> |  |
| <b>B</b> |  |
| <b>C</b> |  |

| <b>1b</b> Type of Property<br>(from list below) | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|-----|
| <b>A</b> 1                                      |                                                                                                                                                                                                                                 | <b>A</b> 365     |                   |     |
| <b>B</b> 1                                      |                                                                                                                                                                                                                                 | <b>B</b> 365     |                   |     |
| <b>C</b> 1                                      |                                                                                                                                                                                                                                 | <b>C</b> 365     |                   |     |

#### Type of Property:

- |                           |                              |             |                    |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land      | 7 Self-Rental      |
| 2 Multi-Family Residence  | 4 Commercial                 | 6 Royalties | 8 Other (describe) |

| Income:                                                                                                                                                                                                                                                                                                      |            | Properties: |        |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|--------|--------|
|                                                                                                                                                                                                                                                                                                              |            | A           | B      | C      |
| <b>3</b> Rents received                                                                                                                                                                                                                                                                                      | <b>3</b>   | 26,165      | 70,216 | 29,070 |
| <b>4</b> Royalties received                                                                                                                                                                                                                                                                                  | <b>4</b>   |             |        |        |
| Expenses:                                                                                                                                                                                                                                                                                                    |            |             |        |        |
| <b>5</b> Advertising                                                                                                                                                                                                                                                                                         | <b>5</b>   |             |        |        |
| <b>6</b> Auto and travel (see instructions)                                                                                                                                                                                                                                                                  | <b>6</b>   |             |        |        |
| <b>7</b> Cleaning and maintenance                                                                                                                                                                                                                                                                            | <b>7</b>   |             | 1,750  |        |
| <b>8</b> Commissions                                                                                                                                                                                                                                                                                         | <b>8</b>   |             |        |        |
| <b>9</b> Insurance                                                                                                                                                                                                                                                                                           | <b>9</b>   | 312         | 753    | 330    |
| <b>10</b> Legal and other professional fees                                                                                                                                                                                                                                                                  | <b>10</b>  | 436         | 436    | 400    |
| <b>11</b> Management fees                                                                                                                                                                                                                                                                                    | <b>11</b>  |             |        |        |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)                                                                                                                                                                                                                                           | <b>12</b>  |             | 866    | 5,932  |
| <b>13</b> Other interest                                                                                                                                                                                                                                                                                     | <b>13</b>  |             |        |        |
| <b>14</b> Repairs                                                                                                                                                                                                                                                                                            | <b>14</b>  |             | 7,500  |        |
| <b>15</b> Supplies                                                                                                                                                                                                                                                                                           | <b>15</b>  |             | 752    |        |
| <b>16</b> Taxes                                                                                                                                                                                                                                                                                              | <b>16</b>  | 2,713       | 7,184  | 5,676  |
| <b>17</b> Utilities                                                                                                                                                                                                                                                                                          | <b>17</b>  |             | 529    |        |
| <b>18</b> Depreciation expense or depletion                                                                                                                                                                                                                                                                  | <b>18</b>  | 1,576       | 5,557  | 9,087  |
| <b>19</b> Other (list) See Statement 1,2,3                                                                                                                                                                                                                                                                   | <b>19</b>  | 4,900       | 9,984  | 5,597  |
| <b>20</b> Total expenses. Add lines 5 through 19                                                                                                                                                                                                                                                             | <b>20</b>  | 9,937       | 35,311 | 27,022 |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198                                                                                                                                                          | <b>21</b>  | 16,228      | 34,905 | 2,048  |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)                                                                                                                                                                                                       | <b>22</b>  | 0           | 0      | 0      |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties                                                                                                                                                                                                                                 | <b>23a</b> |             |        |        |
| <b>23b</b> Total of all amounts reported on line 4 for all royalty properties                                                                                                                                                                                                                                | <b>23b</b> |             |        |        |
| <b>23c</b> Total of all amounts reported on line 12 for all properties                                                                                                                                                                                                                                       | <b>23c</b> |             |        |        |
| <b>23d</b> Total of all amounts reported on line 18 for all properties                                                                                                                                                                                                                                       | <b>23d</b> |             |        |        |
| <b>23e</b> Total of all amounts reported on line 20 for all properties                                                                                                                                                                                                                                       | <b>23e</b> |             |        |        |
| <b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses                                                                                                                                                                                                                           | <b>24</b>  |             |        |        |
| <b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here                                                                                                                                                                                        | <b>25</b>  |             |        |        |
| <b>26</b> Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | <b>26</b>  |             |        |        |

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Schedule E (Form 1040) 2022

# SCHEDULE E

(Form 1040)

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

## Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

91337 09/10/2023 10:40 AM

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **13**

Your social security number

Xavier Becerra & Carolyn Reyes

### Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

|                                                                                                          |     |    |
|----------------------------------------------------------------------------------------------------------|-----|----|
| <b>A</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions | Yes | No |
| <b>B</b> If "Yes," did you or will you file required Form(s) 1099?                                       | Yes | No |

**1a** Physical address of each property (street, city, state, ZIP code)

|          |  |
|----------|--|
| <b>A</b> |  |
| <b>B</b> |  |
| <b>C</b> |  |

| 1b Type of Property<br>(from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|-----|
| <b>A</b> 1                               |                                                                                                                                                                                                                          | 365              |                   |     |
| <b>B</b>                                 |                                                                                                                                                                                                                          |                  |                   |     |
| <b>C</b>                                 |                                                                                                                                                                                                                          |                  |                   |     |

#### Type of Property:

- |                           |                              |             |                    |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land      | 7 Self-Rental      |
| 2 Multi-Family Residence  | 4 Commercial                 | 6 Royalties | 8 Other (describe) |

| Income:                                                                                                                                                                                                                                                                                                      | Properties: |        |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|---|
|                                                                                                                                                                                                                                                                                                              | A           | B      | C |
| <b>3</b> Rents received                                                                                                                                                                                                                                                                                      | 25,550      |        |   |
| <b>4</b> Royalties received                                                                                                                                                                                                                                                                                  |             |        |   |
| <b>Expenses:</b>                                                                                                                                                                                                                                                                                             |             |        |   |
| <b>5</b> Advertising                                                                                                                                                                                                                                                                                         |             |        |   |
| <b>6</b> Auto and travel (see instructions)                                                                                                                                                                                                                                                                  |             |        |   |
| <b>7</b> Cleaning and maintenance                                                                                                                                                                                                                                                                            |             |        |   |
| <b>8</b> Commissions                                                                                                                                                                                                                                                                                         |             |        |   |
| <b>9</b> Insurance                                                                                                                                                                                                                                                                                           | 620         |        |   |
| <b>10</b> Legal and other professional fees                                                                                                                                                                                                                                                                  | 436         |        |   |
| <b>11</b> Management fees                                                                                                                                                                                                                                                                                    |             |        |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)                                                                                                                                                                                                                                           | 7,766       |        |   |
| <b>13</b> Other interest                                                                                                                                                                                                                                                                                     |             |        |   |
| <b>14</b> Repairs                                                                                                                                                                                                                                                                                            |             |        |   |
| <b>15</b> Supplies                                                                                                                                                                                                                                                                                           | 132         |        |   |
| <b>16</b> Taxes                                                                                                                                                                                                                                                                                              | 6,589       |        |   |
| <b>17</b> Utilities                                                                                                                                                                                                                                                                                          | 2,274       |        |   |
| <b>18</b> Depreciation expense or depletion                                                                                                                                                                                                                                                                  | 10,247      |        |   |
| <b>19</b> Other (list) See Statement 4                                                                                                                                                                                                                                                                       | 2,245       |        |   |
| <b>20</b> Total expenses. Add lines 5 through 19                                                                                                                                                                                                                                                             | 30,309      |        |   |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198                                                                                                                                                          | -4,759      |        |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)                                                                                                                                                                                                       | 4,759       |        |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties                                                                                                                                                                                                                                 | 151,001     |        |   |
| <b>23b</b> Total of all amounts reported on line 4 for all royalty properties                                                                                                                                                                                                                                |             |        |   |
| <b>23c</b> Total of all amounts reported on line 12 for all properties                                                                                                                                                                                                                                       | 14,564      |        |   |
| <b>23d</b> Total of all amounts reported on line 18 for all properties                                                                                                                                                                                                                                       | 26,467      |        |   |
| <b>23e</b> Total of all amounts reported on line 20 for all properties                                                                                                                                                                                                                                       | 102,579     |        |   |
| <b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses                                                                                                                                                                                                                           |             | 53,181 |   |
| <b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here                                                                                                                                                                                        |             | 4,759  |   |
| <b>26</b> Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 |             | 48,422 |   |

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Schedule E (Form 1040) 2022

**SCHEDULE SE**  
**(Form 1040)****Self-Employment Tax**Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Carolyn Reyes

Social security number of person  
with self-employment income**Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

- A**
- If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I
- ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

|                                                                                                                                                                                                                                         |           |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A                                                                                                           | <b>1a</b> |         |
| <b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH           | <b>1b</b> |         |
| Skip line 2 if you use the nonfarm optional method in Part II. See instructions.                                                                                                                                                        |           |         |
| <b>2</b> Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order          | <b>2</b>  | 64,863  |
| <b>3</b> Combine lines 1a, 1b, and 2                                                                                                                                                                                                    | <b>3</b>  | 64,863  |
| <b>4a</b> If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3<br><b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. | <b>4a</b> | 59,901  |
| <b>b</b> If you elect one or both of the optional methods, enter the total of lines 15 and 17 here                                                                                                                                      | <b>4b</b> |         |
| <b>c</b> Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had church employee income, enter -0- and continue                                          | <b>4c</b> | 59,901  |
| <b>5a</b> Enter your church employee income from Form W-2. See instructions for definition of church employee income                                                                                                                    | <b>5a</b> |         |
| <b>b</b> Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-                                                                                                                                                             | <b>5b</b> | 0       |
| <b>6</b> Add lines 4c and 5b                                                                                                                                                                                                            | <b>6</b>  | 59,901  |
| <b>7</b> Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022                                                        | <b>7</b>  | 147,000 |
| <b>8a</b> Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11                                 | <b>8a</b> | 147,000 |
| <b>b</b> Unreported tips subject to social security tax from Form 4137, line 10                                                                                                                                                         | <b>8b</b> |         |
| <b>c</b> Wages subject to social security tax from Form 8919, line 10                                                                                                                                                                   | <b>8c</b> |         |
| <b>d</b> Add lines 8a, 8b, and 8c                                                                                                                                                                                                       | <b>8d</b> |         |
| <b>9</b> Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11                                                                                                                                 | <b>9</b>  |         |
| <b>10</b> Multiply the smaller of line 6 or line 9 by 12.4% (0.124)                                                                                                                                                                     | <b>10</b> |         |
| <b>11</b> Multiply line 6 by 2.9% (0.029)                                                                                                                                                                                               | <b>11</b> | 1,737   |
| <b>12</b> Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4                                                                                                                                    | <b>12</b> | 1,737   |
| <b>13</b> Deduction for one-half of self-employment tax.<br>Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 15                                                                                | <b>13</b> | 869     |

**Part II Optional Methods To Figure Net Earnings** (see instructions)**Farm Optional Method.** You may use this method only if (a) your gross farm income<sup>1</sup> wasn't more than \$9,060, or (b) your net farm profits<sup>2</sup> were less than \$6,540.

|                                                                                                                                                                                         |           |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>14</b> Maximum income for optional methods                                                                                                                                           | <b>14</b> | 6,040 |
| <b>15</b> Enter the smaller of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) or \$6,040. Also include this amount on line 4b above | <b>15</b> |       |

**Nonfarm Optional Method.** You may use this method only if (a) your net nonfarm profits<sup>3</sup> were less than \$6,540 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

|                                                                                                                                                                                                           |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>16</b> Subtract line 15 from line 14                                                                                                                                                                   | <b>16</b> |  |
| <b>17</b> Enter the smaller of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above | <b>17</b> |  |

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **1116**Department of the Treasury  
Internal Revenue Service**Foreign Tax Credit**

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

OMB No. 1545-0121

**2022**Attachment  
Sequence No. **19**

Name

Xavier Becerra  
Carolyn Reyes

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income    c ☒ Passive category income    e ☐ Section 901(j) income    g ☐ Lump-sum distributions  
 b ☐ Foreign branch category income    d ☐ General category income    f ☐ Certain income re-sourced by treaty

h Resident of (name of country) **US United States**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

| i Enter the name of the foreign country or U.S. possession                                                                                                                                                                                   | Foreign Country or U.S. Possession |   |   | Total<br>(Add cols. A, B, and C.) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---|---|-----------------------------------|
|                                                                                                                                                                                                                                              | A OC                               | B | C |                                   |
| 1a Gross income from sources within country shown above and of the type checked above (see instructions):<br><br>Dividend                                                                                                                    | Various<br><br>3,321               |   |   | 1a<br><br>3,321                   |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> |                                    |   |   |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>                                                                                                                                                                                    |                                    |   |   |                                   |
| 2 Expenses definitely related to the income on line 1a (attach statement)                                                                                                                                                                    |                                    |   |   |                                   |
| 3 Pro rata share of other deductions not definitely related:                                                                                                                                                                                 |                                    |   |   |                                   |
| a Certain itemized deductions or standard deduction (see instructions)                                                                                                                                                                       | 25,900                             |   |   |                                   |
| b Other dedts. (attach stmt.)                                                                                                                                                                                                                |                                    |   |   |                                   |
| c Add lines 3a and 3b                                                                                                                                                                                                                        | 25,900                             |   |   |                                   |
| d Gross foreign source income (see instructions)                                                                                                                                                                                             | 10,286                             |   |   |                                   |
| e Gross income from all sources (see instructions)                                                                                                                                                                                           | 612,820                            |   |   |                                   |
| f Divide line 3d by line 3e (see instructions)                                                                                                                                                                                               | 0.0168                             |   |   |                                   |
| g Multiply line 3c by line 3f                                                                                                                                                                                                                | 435                                |   |   |                                   |
| 4 Pro rata share of interest expense (see instructions):                                                                                                                                                                                     |                                    |   |   |                                   |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)                                                                                                                                                  |                                    |   |   |                                   |
| b Other interest expense                                                                                                                                                                                                                     |                                    |   |   |                                   |
| 5 Losses from foreign sources                                                                                                                                                                                                                |                                    |   |   |                                   |
| 6 Add lines 2, 3g, 4a, 4b, and 5                                                                                                                                                                                                             | 435                                |   |   | 6<br>435                          |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2                                                                                                                                                                 |                                    |   |   | 7<br>2,886                        |

**Part II Foreign Taxes Paid or Accrued** (see instructions)

| Country                                                                         | Credit is claimed for taxes (you must check one)<br>(j) <input checked="" type="checkbox"/> Paid<br>(k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |                                         |                              |               |                         |                                         |                                                                     |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------|-------------------------|-----------------------------------------|------------------------------|---------------|-------------------------|-----------------------------------------|---------------------------------------------------------------------|
|                                                                                 |                                                                                                                                          | In foreign currency           |               |                         |                                         | In U.S. dollars              |               |                         |                                         |                                                                     |
|                                                                                 |                                                                                                                                          | Taxes withheld at source on:  |               |                         | (p) Other foreign taxes paid or accrued | Taxes withheld at source on: |               |                         | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
|                                                                                 |                                                                                                                                          | (l) Date paid or accrued      | (m) Dividends | (n) Rents and royalties |                                         | (o) Interest                 | (q) Dividends | (r) Rents and royalties |                                         |                                                                     |
| A                                                                               | 1099 Tax                                                                                                                                 |                               |               |                         |                                         | 18                           |               |                         |                                         | 18                                                                  |
| B                                                                               |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         |                                                                     |
| C                                                                               |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         |                                                                     |
| 8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         | 8<br>18                                                             |

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2022)

Xavier Becerra &amp; Carolyn Reyes

Form 1116 (2022)

Page 2

**Part III Figuring the Credit**

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |         |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 9  | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I                                                                                                                                                                                                                                                                                                                                                                                                                          | 9  | 18      |
| 10 | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year (If your income was section 951A category income (box a above Part I), leave line 10 blank.)                                                                                                                                                                                                                                                                                                                          | 10 |         |
| 11 | Add lines 9 and 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11 | 18      |
| 12 | Reduction in foreign taxes (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12 |         |
| 13 | Taxes reclassified under high tax kickout (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13 |         |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14 | 18      |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions                                                                                                                                                                                                                                                                                                                                                         | 15 | 2,886   |
| 16 | Adjustments to line 15 (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 16 |         |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)                                                                                                                                                                                                                                     | 17 | 2,886   |
| 18 | <b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption<br><b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.                                                                                                                                                                                                                                       | 18 | 461,445 |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 19 | 0.0063  |
| 20 | <b>Individuals:</b> Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions.<br><b>Caution:</b> If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 9978, Partner's Additional Reporting Year Tax, see instructions. | 20 | 109,025 |
| 21 | Multiply line 20 by line 19 (maximum amount of credit)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 21 | 682     |
| 22 | Increase in limitation (section 960 (c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22 |         |
| 23 | Add lines 21 and 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 23 | 682     |
| 24 | Enter the <b>smaller</b> of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV See instructions                                                                                                                                                                                                                                                                                                                             | 24 | 18      |

**Part IV Summary of Credits From Separate Parts III (see instructions)**

|    |                                                                                                                                                                                            |    |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 25 | Credit for taxes on section 951A category income                                                                                                                                           | 25 |    |
| 26 | Credit for taxes on foreign branch category income                                                                                                                                         | 26 |    |
| 27 | Credit for taxes on passive category income                                                                                                                                                | 27 |    |
| 28 | Credit for taxes on general category income                                                                                                                                                | 28 |    |
| 29 | Credit for taxes on section 901(j) income                                                                                                                                                  | 29 |    |
| 30 | Credit for taxes on certain income re-sourced by treaty                                                                                                                                    | 30 |    |
| 31 | Credit for taxes on lump-sum distributions                                                                                                                                                 | 31 |    |
| 32 | Add lines 25 through 31                                                                                                                                                                    | 32 |    |
| 33 | Enter the <b>smaller</b> of line 20 or line 32                                                                                                                                             | 33 | 18 |
| 34 | Reduction of credit for international boycott operations. See instructions for line 12                                                                                                     | 34 |    |
| 35 | Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | 35 | 18 |

Form **1116**

**Alt. Min. Tax  
Foreign Tax Credit**  
(Individual, Estate, or Trust)

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

OMB No. 1545-0121

**2022**Attachment  
Sequence No. **19**

Name

Xavier Becerra  
Carolyn Reyes

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income    c ☒ Passive category income    e ☐ Section 901(j) income    g ☐ Lump-sum distributions  
b ☐ Foreign branch category income    d ☐ General category income    f ☐ Certain income re-sourced by treaty

h Resident of (name of country) **US United States**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

| i Enter the name of the foreign country or U.S. possession                                                                                                                                                                                   | Foreign Country or U.S. Possession |   |   | Total<br>(Add cols. A, B, and C.) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---|---|-----------------------------------|
|                                                                                                                                                                                                                                              | A OC                               | B | C |                                   |
| 1a Gross income from sources within country shown above and of the type checked above (see instructions):<br><br>Dividend                                                                                                                    | Various                            |   |   |                                   |
|                                                                                                                                                                                                                                              | 3,536                              |   |   | 1a 3,536                          |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> |                                    |   |   |                                   |
| <b>Deductions and losses (Caution: See instructions.):</b>                                                                                                                                                                                   |                                    |   |   |                                   |
| 2 Expenses definitely related to the income on line 1a (attach statement)                                                                                                                                                                    |                                    |   |   |                                   |
| 3 Pro rata share of other deductions not definitely related:                                                                                                                                                                                 |                                    |   |   |                                   |
| a Certain itemized deductions or standard deduction (see instructions)                                                                                                                                                                       |                                    |   |   |                                   |
| b Other dedts. (attach stmt.)                                                                                                                                                                                                                |                                    |   |   |                                   |
| c Add lines 3a and 3b                                                                                                                                                                                                                        |                                    |   |   |                                   |
| d Gross foreign source income (see instructions)                                                                                                                                                                                             | 10,286                             |   |   |                                   |
| e Gross income from all sources (see instructions)                                                                                                                                                                                           | 612,820                            |   |   |                                   |
| f Divide line 3d by line 3e (see instructions)                                                                                                                                                                                               | 0.0168                             |   |   |                                   |
| g Multiply line 3c by line 3f                                                                                                                                                                                                                |                                    |   |   |                                   |
| 4 Pro rata share of interest expense (see instructions):                                                                                                                                                                                     |                                    |   |   |                                   |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)                                                                                                                                                  |                                    |   |   |                                   |
| b Other interest expense                                                                                                                                                                                                                     |                                    |   |   |                                   |
| 5 Losses from foreign sources                                                                                                                                                                                                                |                                    |   |   |                                   |
| 6 Add lines 2, 3g, 4a, 4b, and 5                                                                                                                                                                                                             |                                    |   |   | 6                                 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2                                                                                                                                                                 |                                    |   |   | 7 3,536                           |

**Part II Foreign Taxes Paid or Accrued** (see instructions)

| Country                                                                         | Credit is claimed for taxes (you must check one)<br>(j) <input checked="" type="checkbox"/> Paid<br>(k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |                                         |                              |               |                         |                                         |                                                                     |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------|-------------------------|-----------------------------------------|------------------------------|---------------|-------------------------|-----------------------------------------|---------------------------------------------------------------------|
|                                                                                 |                                                                                                                                          | In foreign currency           |               |                         |                                         | In U.S. dollars              |               |                         |                                         |                                                                     |
|                                                                                 |                                                                                                                                          | Taxes withheld at source on:  |               |                         | (p) Other foreign taxes paid or accrued | Taxes withheld at source on: |               |                         | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
|                                                                                 |                                                                                                                                          | (l) Date paid or accrued      | (m) Dividends | (n) Rents and royalties |                                         | (o) Interest                 | (q) Dividends | (r) Rents and royalties |                                         |                                                                     |
| A                                                                               | 1099 Tax                                                                                                                                 |                               |               |                         |                                         | 18                           |               |                         |                                         | 18                                                                  |
| B                                                                               |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         |                                                                     |
| C                                                                               |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         |                                                                     |
| 8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         | 8 18                                                                |

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2022)

Alt. Min. Tax

Xavier Becerra &amp; Carolyn Reyes

Form 1116 (2022)

Page 2

**Part III Figuring the Credit**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |         |  |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|--|
| <b>9</b>  | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>9</b>  | 18      |  |
| <b>10</b> | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year (If your income was section 951A category income (box a above Part I), leave line 10 blank.)                                                                                                                                                                                                                                                                                                                          | <b>10</b> |         |  |
| <b>11</b> | Add lines 9 and 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>11</b> | 18      |  |
| <b>12</b> | Reduction in foreign taxes (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>12</b> |         |  |
| <b>13</b> | Taxes reclassified under high tax kickout (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>13</b> |         |  |
| <b>14</b> | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>14</b> | 18      |  |
| <b>15</b> | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions                                                                                                                                                                                                                                                                                                                                                         | <b>15</b> | 3,536   |  |
| <b>16</b> | Adjustments to line 15 (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>16</b> |         |  |
| <b>17</b> | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)                                                                                                                                                                                                                                     | <b>17</b> | 3,536   |  |
| <b>18</b> | <b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption<br><b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.                                                                                                                                                                                                                                       | <b>18</b> | 486,119 |  |
| <b>19</b> | Divide line 17 by line 18. If line 17 is more than line 18, enter "1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>19</b> | 0.0073  |  |
| <b>20</b> | <b>Individuals:</b> Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions.<br><b>Caution:</b> If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 9978, Partner's Additional Reporting Year Tax, see instructions. | <b>20</b> | 98,923  |  |
| <b>21</b> | Multiply line 20 by line 19 (maximum amount of credit)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>21</b> | 720     |  |
| <b>22</b> | Increase in limitation (section 960 (c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>22</b> |         |  |
| <b>23</b> | Add lines 21 and 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>23</b> | 720     |  |
| <b>24</b> | Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV See instructions                                                                                                                                                                                                                                                                                                                                    | <b>24</b> | 18      |  |

**Part IV Summary of Credits From Separate Parts III (see instructions)**

|           |                                                                                                                                                                                    |           |    |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|--|
| <b>25</b> | Credit for taxes on section 951A category income                                                                                                                                   | <b>25</b> |    |  |
| <b>26</b> | Credit for taxes on foreign branch category income                                                                                                                                 | <b>26</b> |    |  |
| <b>27</b> | Credit for taxes on passive category income                                                                                                                                        | <b>27</b> |    |  |
| <b>28</b> | Credit for taxes on general category income                                                                                                                                        | <b>28</b> |    |  |
| <b>29</b> | Credit for taxes on section 901(j) income                                                                                                                                          | <b>29</b> |    |  |
| <b>30</b> | Credit for taxes on certain income re-sourced by treaty                                                                                                                            | <b>30</b> |    |  |
| <b>31</b> | Credit for taxes on lump-sum distributions                                                                                                                                         | <b>31</b> |    |  |
| <b>32</b> | Add lines 25 through 31                                                                                                                                                            | <b>32</b> |    |  |
| <b>33</b> | Enter the smaller of line 20 or line 32                                                                                                                                            | <b>33</b> | 18 |  |
| <b>34</b> | Reduction of credit for international boycott operations. See instructions for line 12                                                                                             | <b>34</b> |    |  |
| <b>35</b> | Subtract line 34 from line 33. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | <b>35</b> | 18 |  |

Form **6251****Alternative Minimum Tax—Individuals**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, or 1040-NR.**2022**Attachment  
Sequence No. **32**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Xavier Becerra &amp; Carolyn Reyes

Your social security number

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

|           |                                                                                                                                                                                                                                                                              |           |         |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | <b>1</b>  | 462,425 |
| <b>2a</b> | If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12                                                                                                                                    | <b>2a</b> | 25,900  |
| <b>b</b>  | Tax refund from Schedule 1 (Form 1040), line 1 or line 8z                                                                                                                                                                                                                    | <b>2b</b> |         |
| <b>c</b>  | Investment interest expense (difference between regular tax and AMT)                                                                                                                                                                                                         | <b>2c</b> |         |
| <b>d</b>  | Depletion (difference between regular tax and AMT)                                                                                                                                                                                                                           | <b>2d</b> |         |
| <b>e</b>  | Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount                                                                                                                                                                                | <b>2e</b> |         |
| <b>f</b>  | Alternative tax net operating loss deduction                                                                                                                                                                                                                                 | <b>2f</b> |         |
| <b>g</b>  | Interest from specified private activity bonds exempt from the regular tax                                                                                                                                                                                                   | <b>2g</b> |         |
| <b>h</b>  | Qualified small business stock, see instructions                                                                                                                                                                                                                             | <b>2h</b> |         |
| <b>i</b>  | Exercise of incentive stock options (excess of AMT income over regular tax income)                                                                                                                                                                                           | <b>2i</b> |         |
| <b>j</b>  | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)                                                                                                                                                                                                    | <b>2j</b> |         |
| <b>k</b>  | Disposition of property (difference between AMT and regular tax gain or loss)                                                                                                                                                                                                | <b>2k</b> |         |
| <b>l</b>  | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)                                                                                                                                                                                 | <b>2l</b> |         |
| <b>m</b>  | Passive activities (difference between AMT and regular tax income or loss)                                                                                                                                                                                                   | <b>2m</b> | -1,441  |
| <b>n</b>  | Loss limitations (difference between AMT and regular tax income or loss)                                                                                                                                                                                                     | <b>2n</b> | 0       |
| <b>o</b>  | Circulation costs (difference between regular tax and AMT)                                                                                                                                                                                                                   | <b>2o</b> |         |
| <b>p</b>  | Long-term contracts (difference between AMT and regular tax income)                                                                                                                                                                                                          | <b>2p</b> |         |
| <b>q</b>  | Mining costs (difference between regular tax and AMT)                                                                                                                                                                                                                        | <b>2q</b> |         |
| <b>r</b>  | Research and experimental costs (difference between regular tax and AMT)                                                                                                                                                                                                     | <b>2r</b> |         |
| <b>s</b>  | Income from certain installment sales before January 1, 1987                                                                                                                                                                                                                 | <b>2s</b> |         |
| <b>t</b>  | Intangible drilling costs preference                                                                                                                                                                                                                                         | <b>2t</b> |         |
| <b>3</b>  | Other adjustments, including income-based related adjustments                                                                                                                                                                                                                | <b>3</b>  |         |
| <b>4</b>  | <b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$776,100, see instructions.)                                                                                                                    | <b>4</b>  | 486,884 |

**Part II Alternative Minimum Tax (AMT)**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>5</b>  | Exemption.<br>IF your filing status is... AND line 4 is not over... THEN enter on line 5...<br>Single or head of household \$ 539,900 \$ 75,900<br>Married filing jointly or qualifying widow(er) 1,079,800 118,100<br>Married filing separately 539,900 59,050<br>If line 4 is over the amount shown above for your filing status, see instructions.                                                                                                                                                                                                                                                                                                                                   | <b>5</b>  | 118,100 |
| <b>6</b>  | Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6</b>  | 368,784 |
| <b>7</b>  | • If you are filing Form 2555, see instructions for the amount to enter.<br>• If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.<br>• <b>All others:</b> If line 6 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result. | <b>7</b>  | 98,923  |
| <b>8</b>  | Alternative minimum tax foreign tax credit (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>8</b>  | 18      |
| <b>9</b>  | Tentative minimum tax. Subtract line 8 from line 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>9</b>  | 98,905  |
| <b>10</b> | Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions                                                                                                                                                                                                                                   | <b>10</b> | 109,007 |
| <b>11</b> | <b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>11</b> | 0       |

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **6251** (2022)



Xavier Becerra &amp; Carolyn Reyes

Form 6251 (2022)

Page 2

**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>12</b> Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7 .....                                                                                                                                                                                                                                                                          | <b>12</b> | 368,784 |
| <b>13</b> Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter .....                                       | <b>13</b> | 1,648   |
| <b>14</b> Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter .....                                                                                                                                                                                                                                       | <b>14</b> |         |
| <b>15</b> If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter .....                                                      | <b>15</b> | 1,648   |
| <b>16</b> Enter the <b>smaller</b> of line 12 or line 15 .....                                                                                                                                                                                                                                                                                                                                                                              | <b>16</b> | 1,648   |
| <b>17</b> Subtract line 16 from line 12 .....                                                                                                                                                                                                                                                                                                                                                                                               | <b>17</b> | 367,136 |
| <b>18</b> If line 17 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result .....                                                                                                                                                                                     | <b>18</b> | 98,676  |
| <b>19</b> Enter:<br><ul style="list-style-type: none"> <li>• \$83,350 if married filing jointly or qualifying widow(er),</li> <li>• \$41,675 if single or married filing separately, or</li> <li>• \$55,800 if head of household.</li> </ul>                                                                                                                                                                                                | <b>19</b> | 83,350  |
| <b>20</b> Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter ..... | <b>20</b> | 460,777 |
| <b>21</b> Subtract line 20 from line 19. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                   | <b>21</b> | 0       |
| <b>22</b> Enter the <b>smaller</b> of line 12 or line 13 .....                                                                                                                                                                                                                                                                                                                                                                              | <b>22</b> | 1,648   |
| <b>23</b> Enter the <b>smaller</b> of line 21 or line 22. This amount is taxed at 0% .....                                                                                                                                                                                                                                                                                                                                                  | <b>23</b> |         |
| <b>24</b> Subtract line 23 from line 22 .....                                                                                                                                                                                                                                                                                                                                                                                               | <b>24</b> | 1,648   |
| <b>25</b> Enter:<br><ul style="list-style-type: none"> <li>• \$459,750 if single,</li> <li>• \$258,600 if married filing separately,</li> <li>• \$517,200 if married filing jointly or qualifying widow(er), or</li> <li>• \$488,500 if head of household.</li> </ul>                                                                                                                                                                       | <b>25</b> | 517,200 |
| <b>26</b> Enter the amount from line 21 .....                                                                                                                                                                                                                                                                                                                                                                                               | <b>26</b> | 0       |
| <b>27</b> Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter ..... | <b>27</b> | 460,777 |
| <b>28</b> Add line 26 and line 27 .....                                                                                                                                                                                                                                                                                                                                                                                                     | <b>28</b> | 460,777 |
| <b>29</b> Subtract line 28 from line 25. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                   | <b>29</b> | 56,423  |
| <b>30</b> Enter the smaller of line 24 or line 29 .....                                                                                                                                                                                                                                                                                                                                                                                     | <b>30</b> | 1,648   |
| <b>31</b> Multiply line 30 by 15% (0.15) .....                                                                                                                                                                                                                                                                                                                                                                                              | <b>31</b> | 247     |
| <b>32</b> Add lines 23 and 30 .....                                                                                                                                                                                                                                                                                                                                                                                                         | <b>32</b> | 1,648   |
| If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.                                                                                                                                                                                                                                                                                                                                      |           |         |
| <b>33</b> Subtract line 32 from line 22 .....                                                                                                                                                                                                                                                                                                                                                                                               | <b>33</b> | 0       |
| <b>34</b> Multiply line 33 by 20% (0.20) .....                                                                                                                                                                                                                                                                                                                                                                                              | <b>34</b> |         |
| If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.                                                                                                                                                                                                                                                                                                                                          |           |         |
| <b>35</b> Add lines 17, 32, and 33 .....                                                                                                                                                                                                                                                                                                                                                                                                    | <b>35</b> |         |
| <b>36</b> Subtract line 35 from line 12 .....                                                                                                                                                                                                                                                                                                                                                                                               | <b>36</b> |         |
| <b>37</b> Multiply line 36 by 25% (0.25) .....                                                                                                                                                                                                                                                                                                                                                                                              | <b>37</b> |         |
| <b>38</b> Add lines 18, 31, 34, and 37 .....                                                                                                                                                                                                                                                                                                                                                                                                | <b>38</b> | 98,923  |
| <b>39</b> If line 12 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result .....                                                                                                                                                                                     | <b>39</b> | 99,138  |
| <b>40</b> Enter the <b>smaller</b> of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7 .....                                                                                                                                                                                                             | <b>40</b> | 98,923  |

Form **6251** (2022)

Form **8959**Department of the Treasury  
Internal Revenue Service**Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.

Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

91337 09/10/2023 10:40 AM

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **71**

Name(s) shown on return

Xavier Becerra &amp; Carolyn Reyes

Your social security number

**Part I Additional Medicare Tax on Medicare Wages**

|                                                                                                                                                                                                        |   |         |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|---------|
| 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5                                                                          | 1 | 461,579 |         |
| 2 Unreported tips from Form 4137, line 6                                                                                                                                                               | 2 |         |         |
| 3 Wages from Form 8919, line 6                                                                                                                                                                         | 3 |         |         |
| 4 Add lines 1 through 3                                                                                                                                                                                | 4 | 461,579 |         |
| 5 Enter the following amount for your filing status:<br>Married filing jointly \$250,000<br>Married filing separately \$125,000<br>Single, Head of household, or Qualifying surviving spouse \$200,000 | 5 | 250,000 |         |
| 6 Subtract line 5 from line 4. If zero or less, enter -0-                                                                                                                                              | 6 |         | 211,579 |
| 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II                                                                                             | 7 |         | 1,904   |

**Part II Additional Medicare Tax on Self-Employment Income**

|                                                                                                                                                                                                        |    |         |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|--------|
| 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)                                                | 8  | 59,901  |        |
| 9 Enter the following amount for your filing status:<br>Married filing jointly \$250,000<br>Married filing separately \$125,000<br>Single, Head of household, or Qualifying surviving spouse \$200,000 | 9  | 250,000 |        |
| 10 Enter the amount from line 4                                                                                                                                                                        | 10 | 461,579 |        |
| 11 Subtract line 10 from line 9. If zero or less, enter -0-                                                                                                                                            | 11 | 0       |        |
| 12 Subtract line 11 from line 8. If zero or less, enter -0-                                                                                                                                            | 12 |         | 59,901 |
| 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III                                                                                  | 13 |         | 539    |

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

|                                                                                                                                                                                                         |    |         |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|---|
| 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)                                                                                                         | 14 |         |   |
| 15 Enter the following amount for your filing status:<br>Married filing jointly \$250,000<br>Married filing separately \$125,000<br>Single, Head of household, or Qualifying surviving spouse \$200,000 | 15 | 250,000 |   |
| 16 Subtract line 15 from line 14. If zero or less, enter -0-                                                                                                                                            | 16 |         | 0 |
| 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV                                                                   | 17 |         |   |

**Part IV Total Additional Medicare Tax**

|                                                                                                                                                              |    |  |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|-------|
| 18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V | 18 |  | 2,443 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|-------|

**Part V Withholding Reconciliation**

|                                                                                                                                                                                                                                |    |         |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|-----|
| 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6                                                                                                   | 19 | 7,162   |     |
| 20 Enter the amount from line 1                                                                                                                                                                                                | 20 | 461,579 |     |
| 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages                                                                                                                         | 21 | 6,693   |     |
| 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages                                                                                               | 22 |         | 469 |
| 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)                                                                                                     | 23 |         |     |
| 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) | 24 |         | 469 |

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8959** (2022)

Form **8960****Net Investment Income Tax—  
Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227

**2022**Attachment  
Sequence No. **72**Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

**Xavier Becerra & Carolyn Reyes****Part I Investment Income**☐ Section 6013(g) election (see instructions)☐ Section 6013(h) election (see instructions)☐ Regulations section 1.1411-10(g) election (see instructions)

|           |                                                                                                                             |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Taxable interest (see instructions)                                                                                         | <b>1</b>  | 204     |
| <b>2</b>  | Ordinary dividends (see instructions)                                                                                       | <b>2</b>  | 4,301   |
| <b>3</b>  | Annuities (see instructions)                                                                                                | <b>3</b>  |         |
| <b>4a</b> | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)                                | <b>4a</b> | 113,285 |
| <b>b</b>  | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | <b>4b</b> | -64,863 |
| <b>c</b>  | Combine lines 4a and 4b                                                                                                     | <b>4c</b> | 48,422  |
| <b>5a</b> | Net gain or loss from disposition of property (see instructions)                                                            | <b>5a</b> | -3,000  |
| <b>b</b>  | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)           | <b>5b</b> |         |
| <b>c</b>  | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                               | <b>5c</b> |         |
| <b>d</b>  | Combine lines 5a through 5c                                                                                                 | <b>5d</b> | -3,000  |
| <b>6</b>  | Adjustments to investment income for certain CFCs and PFICs (see instructions)                                              | <b>6</b>  |         |
| <b>7</b>  | Other modifications to investment income (see instructions)                                                                 | <b>7</b>  |         |
| <b>8</b>  | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7                                                            | <b>8</b>  | 49,927  |

**Part II Investment Expenses Allocable to Investment Income and Modifications**

|           |                                                         |           |  |
|-----------|---------------------------------------------------------|-----------|--|
| <b>9a</b> | Investment interest expenses (see instructions)         | <b>9a</b> |  |
| <b>b</b>  | State, local, and foreign income tax (see instructions) | <b>9b</b> |  |
| <b>c</b>  | Miscellaneous investment expenses (see instructions)    | <b>9c</b> |  |
| <b>d</b>  | Add lines 9a, 9b, and 9c                                | <b>9d</b> |  |
| <b>10</b> | Additional modifications (see instructions)             | <b>10</b> |  |
| <b>11</b> | Total deductions and modifications. Add lines 9d and 10 | <b>11</b> |  |

**Part III Tax Computation**

|            |                                                                                                                                                                                 |            |         |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>12</b>  | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0- | <b>12</b>  | 49,927  |
| <b>13</b>  | Modified adjusted gross income (see instructions)                                                                                                                               | <b>13</b>  | 488,325 |
| <b>14</b>  | Threshold based on filing status (see instructions)                                                                                                                             | <b>14</b>  | 250,000 |
| <b>15</b>  | Subtract line 14 from line 13. If zero or less, enter -0-                                                                                                                       | <b>15</b>  | 238,325 |
| <b>16</b>  | Enter the smaller of line 12 or line 15                                                                                                                                         | <b>16</b>  | 49,927  |
| <b>17</b>  | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)                                       | <b>17</b>  | 1,897   |
| <b>18a</b> | Net investment income (line 12 above)                                                                                                                                           | <b>18a</b> |         |
| <b>b</b>   | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)                                                                    | <b>18b</b> |         |
| <b>c</b>   | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-                                                             | <b>18c</b> |         |
| <b>19a</b> | Adjusted gross income (see instructions)                                                                                                                                        | <b>19a</b> |         |
| <b>b</b>   | Highest tax bracket for estates and trusts for the year (see instructions)                                                                                                      | <b>19b</b> |         |
| <b>c</b>   | Subtract line 19b from line 19a. If zero or less, enter -0-                                                                                                                     | <b>19c</b> |         |
| <b>20</b>  | Enter the smaller of line 18c or line 19c                                                                                                                                       | <b>20</b>  |         |
| <b>21</b>  | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)                                | <b>21</b>  |         |

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8960** (2022)

Form **8582****Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

OMB No. 1545-1008

**2022**Attachment  
Sequence No. **858**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

Identifying number

Xavier Becerra &amp; Carolyn Reyes

**Part I 2022 Passive Activity Loss**

Caution: Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

|                                                                             |    |        |        |
|-----------------------------------------------------------------------------|----|--------|--------|
| 1a Activities with net income (enter the amount from Part IV, column (a))   | 1a | 53,181 |        |
| b Activities with net loss (enter the amount from Part IV, column (b))      | 1b | 4,759  |        |
| c Prior years' unallowed losses (enter the amount from Part IV, column (c)) | 1c |        |        |
| d Combine lines 1a, 1b, and 1c                                              | 1d |        | 48,422 |

**All Other Passive Activities**

|                                                                            |    |  |  |
|----------------------------------------------------------------------------|----|--|--|
| 2a Activities with net income (enter the amount from Part V, column (a))   | 2a |  |  |
| b Activities with net loss (enter the amount from Part V, column (b))      | 2b |  |  |
| c Prior years' unallowed losses (enter the amount from Part V, column (c)) | 2c |  |  |
| d Combine lines 2a, 2b, and 2c                                             | 2d |  |  |

|                                                                                                                                                                                                                                                                   |   |  |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--------|
| 3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used | 3 |  | 48,422 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--------|

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

|                                                                                                                       |   |   |
|-----------------------------------------------------------------------------------------------------------------------|---|---|
| 4 Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3                                               | 4 |   |
| 5 Enter \$150,000. If married filing separately, see instructions                                                     | 5 |   |
| 6 Enter modified adjusted gross income, but not less than zero. See instructions                                      | 6 | 0 |
| Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, enter -0- on line 9. Otherwise, go to line 7. |   |   |
| 7 Subtract line 6 from line 5                                                                                         | 7 |   |
| 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions      | 8 |   |
| 9 Enter the <b>smaller</b> of line 4 or line 8                                                                        | 9 | 0 |

**Part III Total Losses Allowed**

|                                                                                                                                                            |    |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 10 Add the income, if any, on lines 1a and 2a and enter the total                                                                                          | 10 |   |
| 11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return | 11 | 0 |

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.**

| Name of activity                                    | Current year                |                           | Prior years                     | Overall gain or loss |          |
|-----------------------------------------------------|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|                                                     | (a) Net income<br>(line 1a) | (b) Net loss<br>(line 1b) | (c) Unallowed<br>loss (line 1c) | (d) Gain             | (e) Loss |
| See Statement 5                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c | 53,181                      | 4,759                     |                                 |                      |          |

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2022)

Xavier Becerra & Carolyn Reyes

Form 8582 (2022)

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.**

| Name of activity                             | Current year             |                        | Prior years                  | Overall gain or loss |          |
|----------------------------------------------|--------------------------|------------------------|------------------------------|----------------------|----------|
|                                              | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain             | (e) Loss |
|                                              |                          |                        |                              |                      |          |
|                                              |                          |                        |                              |                      |          |
|                                              |                          |                        |                              |                      |          |
| Total. Enter on Part I, lines 2a, 2b, and 2c |                          |                        |                              |                      |          |

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.**

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a). |
|------------------|-----------------------------------------------------------------------|----------|-----------|-----------------------|------------------------------------------|
|                  |                                                                       |          |           |                       |                                          |
|                  |                                                                       |          |           |                       |                                          |
|                  |                                                                       |          |           |                       |                                          |
| Total            |                                                                       |          | 1.00      |                       |                                          |

**Part VII Allocation of Unallowed Losses. See instructions**

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|-----------------------------------------------------------------------|----------|-----------|--------------------|
| SFR- [REDACTED]  | Sch E1                                                                | 4,759    | 1.0000    |                    |
|                  |                                                                       |          |           |                    |
|                  |                                                                       |          |           |                    |
|                  |                                                                       |          |           |                    |
| Total            |                                                                       | 4,759    | 1.00      |                    |

**Part VIII Allowed Losses. See instructions.**

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|-----------------------------------------------------------------------|----------|--------------------|------------------|
|                  |                                                                       |          |                    |                  |
|                  |                                                                       |          |                    |                  |
|                  |                                                                       |          |                    |                  |
|                  |                                                                       |          |                    |                  |
| Total            |                                                                       |          |                    |                  |

Form **8582**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

AMT Version  
**Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

OMB No. 1545-1008

**2022**Attachment  
Sequence No. **858**

Identifying number

Xavier Becerra &amp; Carolyn Reyes

**Part I 2022 Passive Activity Loss**

Caution: Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

|                                                                             |    |        |        |
|-----------------------------------------------------------------------------|----|--------|--------|
| 1a Activities with net income (enter the amount from Part IV, column (a))   | 1a | 52,270 |        |
| b Activities with net loss (enter the amount from Part IV, column (b))      | 1b | 4,759  |        |
| c Prior years' unallowed losses (enter the amount from Part IV, column (c)) | 1c | 530    |        |
| d Combine lines 1a, 1b, and 1c                                              | 1d |        | 46,981 |

**All Other Passive Activities**

|                                                                            |    |  |  |
|----------------------------------------------------------------------------|----|--|--|
| 2a Activities with net income (enter the amount from Part V, column (a))   | 2a |  |  |
| b Activities with net loss (enter the amount from Part V, column (b))      | 2b |  |  |
| c Prior years' unallowed losses (enter the amount from Part V, column (c)) | 2c |  |  |
| d Combine lines 2a, 2b, and 2c                                             | 2d |  |  |

|                                                                                                                                                                                                                                                                   |   |  |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--------|
| 3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used | 3 |  | 46,981 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--------|

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

|                                                                                                                       |   |   |
|-----------------------------------------------------------------------------------------------------------------------|---|---|
| 4 Enter the smaller of the loss on line 1d or the loss on line 3                                                      | 4 |   |
| 5 Enter \$150,000. If married filing separately, see instructions                                                     | 5 |   |
| 6 Enter modified adjusted gross income, but not less than zero. See instructions                                      | 6 | 0 |
| Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, enter -0- on line 9. Otherwise, go to line 7. |   |   |
| 7 Subtract line 6 from line 5                                                                                         | 7 |   |
| 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions      | 8 |   |
| 9 Enter the smaller of line 4 or line 8                                                                               | 9 | 0 |

**Part III Total Losses Allowed**

|                                                                                                                                                            |    |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 10 Add the income, if any, on lines 1a and 2a and enter the total                                                                                          | 10 |   |
| 11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return | 11 | 0 |

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.**

| Name of activity                                    | Current year                |                           | Prior years                     | Overall gain or loss |          |
|-----------------------------------------------------|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|                                                     | (a) Net income<br>(line 1a) | (b) Net loss<br>(line 1b) | (c) Unallowed<br>loss (line 1c) | (d) Gain             | (e) Loss |
| See Statement 6                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c | 52,270                      | 4,759                     | 530                             |                      |          |

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2022)

AMT Version

Xavier Becerra & Carolyn Reyes

Form 8582 (2022)

Page 2

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.**

| Name of activity                             | Current year                |                           | Prior years                     | Overall gain or loss |          |
|----------------------------------------------|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|                                              | (a) Net income<br>(line 2a) | (b) Net loss<br>(line 2b) | (c) Unallowed<br>loss (line 2c) | (d) Gain             | (e) Loss |
|                                              |                             |                           |                                 |                      |          |
|                                              |                             |                           |                                 |                      |          |
|                                              |                             |                           |                                 |                      |          |
|                                              |                             |                           |                                 |                      |          |
| Total. Enter on Part I, lines 2a, 2b, and 2c |                             |                           |                                 |                      |          |

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.**

| Name of activity | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss | (b) Ratio | (c) Special<br>allowance | (d) Subtract<br>column (c) from<br>column (a). |
|------------------|--------------------------------------------------------------------------------|----------|-----------|--------------------------|------------------------------------------------|
|                  |                                                                                |          |           |                          |                                                |
|                  |                                                                                |          |           |                          |                                                |
|                  |                                                                                |          |           |                          |                                                |
|                  |                                                                                |          |           |                          |                                                |
| Total            |                                                                                |          | 1.00      |                          |                                                |

**Part VII Allocation of Unallowed Losses. See instructions**

| Name of activity | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|--------------------------------------------------------------------------------|----------|-----------|--------------------|
| SFR- [REDACTED]  | Sch E1                                                                         | 5,079    | 1.0000    |                    |
|                  |                                                                                |          |           |                    |
|                  |                                                                                |          |           |                    |
|                  |                                                                                |          |           |                    |
|                  |                                                                                |          |           |                    |
| Total            |                                                                                | 5,079    | 1.00      |                    |

**Part VIII Allowed Losses. See instructions.**

| Name of activity | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|--------------------------------------------------------------------------------|----------|--------------------|------------------|
|                  |                                                                                |          |                    |                  |
|                  |                                                                                |          |                    |                  |
|                  |                                                                                |          |                    |                  |
|                  |                                                                                |          |                    |                  |
|                  |                                                                                |          |                    |                  |
| Total            |                                                                                |          |                    |                  |

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)  
Attach to your tax return.

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2022**Attachment  
Sequence No. **179**

Name(s) shown on return

Xavier Becerra &amp; Carolyn Reyes

Identifying number

Business or activity to which this form relates

S.F.R.-Mooney

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            | 1,080,000        |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            | 2,700,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8                                                                              | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562                                                                   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12                                                             | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                            |    |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |  |
| 15 | Property subject to section 168(f)(1) election                                                                                             | 15 |  |
| 16 | Other depreciation (including ACRS)                                                                                                        | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                   |    |       |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022                                                  | 17 | 1,349 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |       |

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  | 06/13/22                             | 11,500                                                                     | 27.5 yrs.           | MM             | S/L        | 227                        |
|                                |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                            |    |       |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                                 | 21 |       |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 1,576 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                    | 23 |       |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

DAA

There are no amounts for Page 2



Form **1040****Tax Return Reconciliation Worksheet****2022**

Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household\* ☐ 5 Qualifying widow(er)\*

MFS spouse name:

\*Qualifying person that is a child but not a dependent:

|                                                                                           |  |                               |  |                                               |                                                                                                                |
|-------------------------------------------------------------------------------------------|--|-------------------------------|--|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Taxpayer first name and initial<br><b>Xavier</b>                                          |  | Last name<br><b>Becerra</b>   |  | Taxpayer social security number<br>[REDACTED] |                                                                                                                |
| If a joint return, spouse's first name and initial<br><b>Carolyn</b>                      |  | Last name<br><b>Reyes</b>     |  | Spouse's social security number<br>[REDACTED] |                                                                                                                |
| Home address (number and street). If you have a P.O. box, see instructions.<br>[REDACTED] |  |                               |  | Apt. no.                                      | Presidential Election Campaign<br><input checked="" type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse |
| City, town or post office, state, and ZIP code.<br>[REDACTED]                             |  |                               |  |                                               |                                                                                                                |
| Foreign country name                                                                      |  | Foreign province/state/county |  | Foreign postal code                           |                                                                                                                |

At anytime during 2022, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☒ No ☐

|                                                                                                                      |                                          |          |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------|
| <b>6a</b> <input checked="" type="checkbox"/> Taxpayer. If someone can claim you as a dependent, do not check box 6a | Boxes checked on 6a and 6b               | <b>2</b> |
| <b>b</b> <input checked="" type="checkbox"/> Spouse                                                                  | Children on 6c who lived with you        |          |
|                                                                                                                      | Children on 6c who did not live with you |          |
|                                                                                                                      | Dependents on 6c not entered above       | <b>1</b> |
|                                                                                                                      | Total. Add lines above                   | <b>3</b> |

| 6c Dependents: |            |                            |                         | (4) If qualifies for |                                     | If more than four dependents, here <input type="checkbox"/> |
|----------------|------------|----------------------------|-------------------------|----------------------|-------------------------------------|-------------------------------------------------------------|
| (1) First name | Last name  | (2) Social security number | (3) Relationship to you | Child tax credit     | Other dependents                    |                                                             |
| [REDACTED]     | [REDACTED] | [REDACTED]                 | [REDACTED]              |                      | <input checked="" type="checkbox"/> |                                                             |

|                                              |                                                                          |                                                                                                                              |            |         |
|----------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>Income</b><br>(Schedule 1)                | <b>7</b>                                                                 | Wages, salaries, tips, etc. Attach Form(s) W-2                                                                               | <b>7</b>   | 374,404 |
|                                              | <b>8a</b>                                                                | Taxable interest. Attach Schedule B if required                                                                              | <b>8a</b>  | 204     |
|                                              | <b>b</b>                                                                 | Tax-exempt interest. Do not include on line 8a                                                                               | <b>8b</b>  |         |
|                                              | <b>9a</b>                                                                | Ordinary dividends. Attach Schedule B if required                                                                            | <b>9a</b>  | 4,301   |
|                                              | <b>b</b>                                                                 | Qualified dividends                                                                                                          | <b>9b</b>  | 1,648   |
|                                              | <b>10</b>                                                                | Taxable refunds, credits, or offsets of state and local income taxes                                                         | <b>10</b>  |         |
|                                              | <b>11</b>                                                                | Alimony received                                                                                                             | <b>11</b>  |         |
|                                              | <b>12</b>                                                                | Business income or (loss). Attach Schedule C or C-EZ                                                                         | <b>12</b>  | 64,863  |
|                                              | <b>13</b>                                                                | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>                  | <b>13</b>  | -3,000  |
|                                              | <b>14</b>                                                                | Other gains or (losses). Attach Form 4797                                                                                    | <b>14</b>  |         |
| <b>Adjusted Gross Income</b><br>(Schedule 1) | <b>15a</b>                                                               | IRA distributions                                                                                                            | <b>15a</b> |         |
|                                              | <b>b</b>                                                                 | Taxable amount                                                                                                               | <b>15b</b> |         |
|                                              | <b>16a</b>                                                               | Pensions and annuities                                                                                                       | <b>16a</b> |         |
|                                              | <b>b</b>                                                                 | Taxable amount                                                                                                               | <b>16b</b> |         |
|                                              | <b>17</b>                                                                | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                  | <b>17</b>  | 48,422  |
|                                              | <b>18</b>                                                                | Farm income or (loss). Attach Schedule F                                                                                     | <b>18</b>  |         |
|                                              | <b>19</b>                                                                | Unemployment compensation                                                                                                    | <b>19</b>  |         |
|                                              | <b>20a</b>                                                               | Social security benefits                                                                                                     | <b>20a</b> |         |
|                                              | <b>b</b>                                                                 | Taxable amount                                                                                                               | <b>20b</b> |         |
|                                              | <b>21</b>                                                                | Other income. List type and amount                                                                                           | <b>21</b>  |         |
|                                              | <b>22</b>                                                                | Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b>                         | <b>22</b>  | 489,194 |
|                                              | <b>23</b>                                                                | Educator expenses                                                                                                            | <b>23</b>  |         |
|                                              | <b>24</b>                                                                | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | <b>24</b>  |         |
|                                              | <b>25</b>                                                                | Health savings account deduction. Attach Form 8889                                                                           | <b>25</b>  |         |
| <b>26</b>                                    | Moving expenses. Attach Form 3903                                        | <b>26</b>                                                                                                                    |            |         |
| <b>27</b>                                    | Deductible part of self-employment tax. Attach Schedule SE               | <b>27</b>                                                                                                                    | 869        |         |
| <b>28</b>                                    | Self-employed SEP, SIMPLE, and qualified plans                           | <b>28</b>                                                                                                                    |            |         |
| <b>29</b>                                    | Self-employed health insurance deduction                                 | <b>29</b>                                                                                                                    |            |         |
| <b>30</b>                                    | Penalty on early withdrawal of savings                                   | <b>30</b>                                                                                                                    |            |         |
| <b>31a</b>                                   | Alimony paid <b>b</b> Recipient's SSN                                    | <b>31a</b>                                                                                                                   |            |         |
| <b>32</b>                                    | IRA deduction                                                            | <b>32</b>                                                                                                                    |            |         |
| <b>33</b>                                    | Student loan interest deduction                                          | <b>33</b>                                                                                                                    |            |         |
| <b>34</b>                                    | Reserved for future use                                                  | <b>34</b>                                                                                                                    |            |         |
| <b>35</b>                                    | Reserved for future use                                                  | <b>35</b>                                                                                                                    |            |         |
| <b>36</b>                                    | Add lines 23 through 35                                                  | <b>36</b>                                                                                                                    | 869        |         |
| <b>37</b>                                    | Subtract line 36 from line 22. This is your <b>adjusted gross income</b> | <b>37</b>                                                                                                                    | 488,325    |         |

| Form <b>1040</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                          | <b>Tax Return Reconciliation Worksheet, Page 2</b> |                                                                               | <b>2022</b>                                                                                              |                             |         |            |     |              |             |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------|---------|------------|-----|--------------|-------------|-------|
| Name <b>Xavier Becerra &amp; Carolyn Reyes</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                          |                                                    | Tp TIN <span style="background-color: black; color: black;">XXXXXXXXXX</span> |                                                                                                          |                             |         |            |     |              |             |       |
| 38 Amount from line 37 (adjusted gross income)                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                          |                                                    | 38 <b>488,325</b>                                                             |                                                                                                          |                             |         |            |     |              |             |       |
| Tax and Credits<br>(Schedules 2, 3)                                                                                                                                                                                                                                                                   | 39a Check <input type="checkbox"/> You were born before January 2, 1958, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1958, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b> |                                                    |                                                                               |                                                                                                          |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | b If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b>                                                                                                                                    |                                                    |                                                                               |                                                                                                          |                             |         |            |     |              |             |       |
| Standard Deduction for—<br><br>• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.<br><br>• All others:<br>Single or Married filing separately, \$12,950<br>Married filing jointly or Qualifying widow(er), \$25,900<br>Head of household, \$19,400 | 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)                                                                                                                                                    |                                                    |                                                                               | 40 <b>25,900</b>                                                                                         |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 41 Subtract line 40 and 40b from line 38                                                                                                                                                                                                 |                                                    |                                                                               | 41 <b>462,425</b>                                                                                        |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 42 Qualified business income deduction (see instructions)                                                                                                                                                                                |                                                    |                                                                               | 42                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-                                                                                                                                             |                                                    |                                                                               | 43 <b>462,425</b>                                                                                        |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 44 Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>                                                                                          |                                                    |                                                                               | 44 <b>109,025</b>                                                                                        |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 45 Alternative minimum tax (see instructions). Attach Form 6251                                                                                                                                                                          |                                                    |                                                                               | 45                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 46 Excess advance premium tax credit repayment. Attach Form 8962                                                                                                                                                                         |                                                    |                                                                               | 46                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 47 Add lines 44, 45, and 46                                                                                                                                                                                                              |                                                    |                                                                               | 47 <b>109,025</b>                                                                                        |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 48 Foreign tax credit. Attach Form 1116 if required                                                                                                                                                                                      |                                                    |                                                                               | 48 <b>18</b>                                                                                             |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 49 Credit for child and dependent care expenses. Attach Form 2441                                                                                                                                                                        |                                                    |                                                                               | 49                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 50 Education credits from Form 8863, line 19                                                                                                                                                                                             |                                                    |                                                                               | 50                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 51 Retirement savings contributions credit. Attach Form 8880                                                                                                                                                                             |                                                    |                                                                               | 51                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 52 Child tax credit/credit for other dependents                                                                                                                                                                                          |                                                    |                                                                               | 52                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 53 Residential energy credits. Attach Form 5695                                                                                                                                                                                          |                                                    |                                                                               | 53                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>                                                                                                                   |                                                    |                                                                               | 54                                                                                                       |                             |         |            |     |              |             |       |
| 55 Add lines 48 through 54. These are your total credits                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                          |                                                    | 55 <b>18</b>                                                                  |                                                                                                          |                             |         |            |     |              |             |       |
| 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |                                                    | 56 <b>109,007</b>                                                             |                                                                                                          |                             |         |            |     |              |             |       |
| Other Taxes<br>(Schedule 2)                                                                                                                                                                                                                                                                           | 57 Self-employment tax. Attach Schedule SE                                                                                                                                                                                               |                                                    |                                                                               | 57 <b>1,737</b>                                                                                          |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919                                                                                                                |                                                    |                                                                               | 58                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required                                                                                                                                           |                                                    |                                                                               | 59                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 60a Household employment taxes from Schedule H                                                                                                                                                                                           |                                                    |                                                                               | 60a                                                                                                      |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | b First-time homebuyer credit repayment. Attach Form 5405 if required                                                                                                                                                                    |                                                    |                                                                               | 60b                                                                                                      |                             |         |            |     |              |             |       |
| Payments<br>(Schedule 3)                                                                                                                                                                                                                                                                              | 61 Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) <u>See Statement</u>                                               |                                                    |                                                                               | 61 <b>4,340</b>                                                                                          |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 62 Section 965 net tax liability installment from Form 965-A                                                                                                                                                                             |                                                    |                                                                               | 62                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 63 Add lines 56 through 61. This is your total tax                                                                                                                                                                                       |                                                    |                                                                               | 63 <b>115,084</b>                                                                                        |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 64 Federal income tax withheld from:                                                                                                                                                                                                     |                                                    |                                                                               |                                                                                                          |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | a Form(s) W-2                                                                                                                                                                                                                            |                                                    |                                                                               | 64a <b>62,532</b>                                                                                        |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | b Form(s) 1099                                                                                                                                                                                                                           |                                                    |                                                                               | 64b                                                                                                      |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | c Other forms                                                                                                                                                                                                                            |                                                    |                                                                               | 64c <b>469</b>                                                                                           |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 65 2022 estimated tax payments and amount applied from 2021 return                                                                                                                                                                       |                                                    |                                                                               | 65 <b>47,100</b>                                                                                         |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 66 Earned income credit (EIC)                                                                                                                                                                                                            |                                                    |                                                                               | 66                                                                                                       |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 67 Additional child tax credit. Attach Schedule 8812                                                                                                                                                                                     |                                                    |                                                                               | 67                                                                                                       |                             |         |            |     |              |             |       |
| 68 American opportunity credit from Form 8863, line 8                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                    | 68                                                                            |                                                                                                          |                             |         |            |     |              |             |       |
| 69 Recovery rebate credit                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                          |                                                    | 69                                                                            |                                                                                                          |                             |         |            |     |              |             |       |
| 70 Net premium tax credit. Attach Form 8962                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                          |                                                    | 70                                                                            |                                                                                                          |                             |         |            |     |              |             |       |
| 71 Amount paid with request for extension to file                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                    | 71 <b>4,500</b>                                                               |                                                                                                          |                             |         |            |     |              |             |       |
| 72 Excess social security and tier 1 RRTA tax withheld                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                          |                                                    | 72 <b>585</b>                                                                 |                                                                                                          |                             |         |            |     |              |             |       |
| 73 Credit for federal tax on fuels. Attach Form 4136                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                    | 73                                                                            |                                                                                                          |                             |         |            |     |              |             |       |
| 74 Other payments and refundable credits                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                          |                                                    | 74                                                                            |                                                                                                          |                             |         |            |     |              |             |       |
| 75 Total pymts. Add lines 64 - 74.                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                          |                                                    | 75 <b>115,186</b>                                                             |                                                                                                          |                             |         |            |     |              |             |       |
| Refund                                                                                                                                                                                                                                                                                                | 76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid                                                                                                                                       |                                                    |                                                                               | 76 <b>102</b>                                                                                            |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>                                                                                                                            |                                                    |                                                                               | 77a                                                                                                      |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings                                                                                                                         |                                                    |                                                                               |                                                                                                          |                             |         |            |     |              |             |       |
| d Account number <input type="text"/>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                    |                                                                               |                                                                                                          |                             |         |            |     |              |             |       |
| 78 Amount of line 76 you want applied to your 2023 estimated tax                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                          |                                                    | 78                                                                            |                                                                                                          |                             |         |            |     |              |             |       |
| Amount You Owe                                                                                                                                                                                                                                                                                        | 79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions                                                                                                                                            |                                                    |                                                                               | 79 <b>254</b>                                                                                            |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | 80 Estimated tax penalty (see instructions)                                                                                                                                                                                              |                                                    |                                                                               | 80 <b>356</b>                                                                                            |                             |         |            |     |              |             |       |
| <table border="0" style="width:100%;"> <tr> <td>Int/Pen</td> <td>Date filed</td> <td>Int</td> <td>Fail to file</td> <td>Fail to pay</td> <td>Total</td> </tr> </table>                                                                                                                                |                                                                                                                                                                                                                                          |                                                    |                                                                               |                                                                                                          |                             | Int/Pen | Date filed | Int | Fail to file | Fail to pay | Total |
| Int/Pen                                                                                                                                                                                                                                                                                               | Date filed                                                                                                                                                                                                                               | Int                                                | Fail to file                                                                  | Fail to pay                                                                                              | Total                       |         |            |     |              |             |       |
| Third Party Designee                                                                                                                                                                                                                                                                                  | Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No                                                         |                                                    |                                                                               |                                                                                                          |                             |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | Designee's Name <b>Robert J. Herrera, EA</b>                                                                                                                                                                                             |                                                    |                                                                               | Personal identification no. (PIN) <span style="background-color: black; color: black;">XXXXXXXXXX</span> |                             |         |            |     |              |             |       |
| Other Info                                                                                                                                                                                                                                                                                            | Taxpayer Daytime phone number                                                                                                                                                                                                            |                                                    | Taxpayer: Occupation <b>US HHS Secretary</b>                                  |                                                                                                          | IRS Identity Protection PIN |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |                                                    | Spouse: Occupation <b>Physician</b>                                           |                                                                                                          | IRS Identity Protection PIN |         |            |     |              |             |       |
|                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse                                                                                                                                                                        |                                                    | Email address                                                                 |                                                                                                          |                             |         |            |     |              |             |       |

**Federal Statements****S.F.R.-Mooney****Statement 1 - Schedule E, Line 19 - Other Expenses**

| <u>Description</u>  | <u>Gross Amount</u> | <u>Business Use Percentage</u> | <u>Net Amount</u> |
|---------------------|---------------------|--------------------------------|-------------------|
| Gardening           | \$ 600              |                                | \$ 600            |
| Repairs-Furnace     | 2,200               |                                | 2,200             |
| Repairs-Garage Door | 2,100               |                                | 2,100             |
| Total               | <u>\$ 4,900</u>     |                                | <u>\$ 4,900</u>   |

**SFR-Hill****Statement 2 - Schedule E, Line 19 - Other Expenses**

| <u>Description</u>   | <u>Gross Amount</u> | <u>Business Use Percentage</u> | <u>Net Amount</u> |
|----------------------|---------------------|--------------------------------|-------------------|
| Amortization         | \$ 252              |                                | \$ 252            |
| Gardening            | 4,185               |                                | 4,185             |
| Repairs-Appliances   | 805                 |                                | 805               |
| Travel Expense       | 713                 |                                | 713               |
| Dues & Subscriptions | 39                  |                                | 39                |
| Lease Fee            | 3,990               |                                | 3,990             |
| Total                | <u>\$ 9,984</u>     |                                | <u>\$ 9,984</u>   |

**SFR-[REDACTED]****Statement 3 - Schedule E, Line 19 - Other Expenses**

| <u>Description</u>       | <u>Gross Amount</u> | <u>Business Use Percentage</u> | <u>Net Amount</u> |
|--------------------------|---------------------|--------------------------------|-------------------|
| Amortization             | \$ 652              |                                | \$ 652            |
| Association Dues         | 4,284               |                                | 4,284             |
| Rental Inspection Fees   | 16                  |                                | 16                |
| Repairs-Garage Door      | 500                 |                                | 500               |
| Repairs-Garbage Disposal | 145                 |                                | 145               |
| Total                    | <u>\$ 5,597</u>     |                                | <u>\$ 5,597</u>   |

**Federal Statements**

SFR- [REDACTED]

**Statement 4 - Schedule E, Line 19 - Other Expenses**

| <u>Description</u>     | <u>Gross<br/>Amount</u> | <u>Business Use<br/>Percentage</u> | <u>Net<br/>Amount</u> |
|------------------------|-------------------------|------------------------------------|-----------------------|
| Amortization           | \$ 118                  |                                    | \$ 118                |
| Association Dues       | 1,416                   |                                    | 1,416                 |
| Rental Inspection Fees | 16                      |                                    | 16                    |
| Lease Fee              | 695                     |                                    | 695                   |
| Total                  | <u>\$ 2,245</u>         |                                    | <u>\$ 2,245</u>       |

**Federal Statements****Statement 5 - Form 8582, Part IV - Lines 1a, 1b, and 1c**

| <u>Description</u> |  | <u>Current Year</u> | <u>Current Year</u> | <u>Prior Year</u>     | <u>Overall</u> | <u>Overall</u> |
|--------------------|--|---------------------|---------------------|-----------------------|----------------|----------------|
|                    |  | <u>Net Income</u>   | <u>Net Loss</u>     | <u>Unallowed Loss</u> | <u>Gain</u>    | <u>Loss</u>    |
| S.F.R.-Mooney      |  | \$ 16,228           | \$                  | \$                    | \$ 16,228      | \$             |
| SFR-Hill           |  | 34,905              |                     |                       | 34,905         |                |
| SFR- [REDACTED]    |  | 2,048               |                     |                       | 2,048          |                |
| SFR- [REDACTED]    |  |                     | 4,759               |                       |                | 4,759          |
| Total              |  | <u>\$ 53,181</u>    | <u>\$ 4,759</u>     | <u>\$ 0</u>           |                |                |

**Federal Statements****Statement 6 - AMT Form 8582. Part IV - For AMT Form 8582. Lines 1a, 1b, and 1c**

| Description     | Current Year<br>Net Income | Current Year<br>Net Loss | Prior Year<br>Unallowed Loss | Overall<br>Gain | Overall<br>Loss |
|-----------------|----------------------------|--------------------------|------------------------------|-----------------|-----------------|
| S.F.R.-Mooney   | \$ 15,317                  | \$                       | \$                           | \$ 15,317       | \$              |
| SFR-Hill        | 34,905                     |                          | 162                          | 34,743          |                 |
| SFR- [REDACTED] | 2,048                      |                          | 48                           | 2,000           |                 |
| SFR- [REDACTED] |                            | 4,759                    | 320                          |                 | 5,079           |
| Total           | \$ 52,270                  | \$ 4,759                 | \$ 530                       |                 |                 |